United States Court of Appeals

for the Second Circuit

APPENDIX

74-1247 (B)

UNITED STATES COURT OF APPEALS
FILED
APR 8 1974
A. DANIEL FUSARO, CLERK
SECOND CIRCUIT

PAGINATION AS IN ORIGINAL COPY

Idotha Key, Claimant
Eddie Key, Deceased Wage Earner
Account Number 236-10-4467

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Idotha Key - Disabled Widow's Benefits (Claimant) 236-10-4467 (Social Security Number)

Eddie Key, Deceased (Wage Earner) (Leave blank if same as above)

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Idotha Key - Disabled Widow's Benefits
(Claimant)

236-10-4467
(Social Security Number)

Eddie Key - Deceased
(Wage Earner) (Leave blank if same as above)

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Idotha Key - Disabled Widow's Benefits (Claimant) 236-10-4467 (Social Security Number)

Eddie Key - Deceased (Wage Earner) (Leave blank if same as above)

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

BUREAU OF
HEARINGS AND APPEALS

REFER TO: HA:C
236-10-4467

NOV 23 1971

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Mrs. Idotha Key
236 Cedar Street
Buffalo, New York 14204

Dear Mrs. Key:

Your request for review of the hearing examiner's decision has been carefully considered by the Appeals Council. The Council's consideration of your request has included all the evidence in your case, the law and regulations applicable to your claim, the hearing examiner's evaluation of the facts and the reasoning in his decision, and your reasons for believing your claim should be allowed.

The Appeals Council has concluded that the decision of the hearing examiner is correct. Further action by the Council would not, therefore, result in any change which would be of advantage to you. Accordingly, the hearing examiner's decision stands as the final decision of the Secretary in your case.

If you desire a review of the hearing examiner's decision by a court, you may commence a civil action in the district court of the United States in the judicial district in which you reside within sixty (60) days from this date. See section 205(g) of the Social Security Act, as amended (section 405(g), Title 42, United States Code). If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant.

Sincerely yours,

Carl Monk
Member, Appeals Council

cc:
Mr. Aaron Goldfarb
Attorney at Law
Buffalo, New York 14202

PARTMENT OF HEALTH, EDUCATION, AND WELFARE
CIAL SECURITY ADMINISTRATION
REAU OF HEARINGS AND APPEALS

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REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Take or mail original and all copies to the District Office, Social Security Administration

CLAIMANT'S NAME	CLAIM FOR
Idotha Key, Disabled widow	Disability Benefits
WAGE EARNER'S NAME	**SOCIAL SECURITY ACCOUNT NUMBER**
Eddie Key, Deceased	236-10-4467

To the APPEALS COUNCIL, Bureau of Hearings and Appeals:

I disagree with the hearing examiner's action on the above claim and request that the Appeals Council review it. My reasons for disagreement are:

I was denied due process of law in the prosecution of my claim, and the hearing examiners decision is contrary to law and fact.

Attach to this form, or forward to the Appeals Council within 10 days, any evidence or supplemental statement you wish to submit.

I understand the Appeals Council may deny my request for review, but if it grants the request:

I ☐ wish ☑ do not wish to appear before the Appeals Council in Washington, D.C. at my own expense.

I ☑ wish ☐ do not wish to file a brief or further written statement. written argument is hereto Attached.

Signed by: (Either the claimant or representative should sign)	
SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE Aaron Goldfarb	CLAIMANT Idotha Key
ADDRESS 310 Walbridge Building	ADDRESS 236 Cedar St.
CITY, STATE AND ZIP CODE Buffalo, New York 14202	CITY, STATE AND ZIP CODE Buffalo, N.Y. 14204
TELEPHONE 853-9555	DATE: Aug 27, 1971 Claimant should not fill in below this line.
	TELEPHONE 856-5880

Is this request filed within 60 days of the hearing examiner's action? ☑ Yes ☐ No
If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in the district office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

The above Request for Review of Hearing Examiner's Action in this case was filed

on 8/30/71 at BUFFALO N.Y.

The Chairman of the Appeals Council will notify you of the Council's action on your request.

Sent to:

Bureau of Hearings and Appeals, SSA
801 19th Street, N.W.
Washington, D.C. 20203

For the Social Security Administration

By: [signature]
(Signature)
C.S.R.
(Title)
BUFFALO N.Y. 14202
(Location) 716 842 2031

Form HA-520
(3-65)

APPEALS COUNCIL

Claimant: IDOTHA KEY - disabled widow
Wage Earner's Name - EDDIE KEY
Social Security Account No.: 236-10-4467

ARGUMENT

POINT I

REFUSAL OF THE SOCIAL SECURITY ADMINISTRATION TO SET FORTH REASON FOR DENYING CLAIMANT'S APPLICATION FOR DISABILITY BENEFITS AT ORIGINAL LEVEL DEPRIVED CLAIMANT OF DUE PROCESS OF LAW IN THE PURSUANCE OF HER CLAIM.

FACTS

By letter of January 21, 1970, the claimant was notified by the Social Security Administration, (hereinafter called the "Agency"), that her claim for disability benefits had been denied. No reason for the denial was stated. Subsequent to the notice of denial, the Claimant contacted the Legal Aid Bureau of Buffalo, Inc., and indicated her desire to appeal from the adverse ruling.

By letter of February 27, 1970, the Legal Aid Bureau notified the Agency that that law firm represented the Claimant, and requested that the Agency set forth the specific reason for the denial, in addition to requesting copies of any exhibits that may have been entered in the case. There was no reply to this letter. Neither was there any reply to the follow up letters from the Bureau, dated March 30, 1970 and April 21, 1970. (Exs. 2, 3, 4) In fact, not until the Bureau wrote to the then Secretary of Health, Education and Welfare, Robert H. Finch, on May 18, 1970, did the Agency finally respond to the communications of the Bureau. However, this reply, dated May 27, 1970, contained nothing more than a statement that the members of Commissioner Ball's staff were giving the matter attention. Again the Agency was completely silent as to the reason for the denial of the applicant's claim.

By letter of November 24, 1970, the Claimant was notified that her claim was again denied after reconsideration. Aside from the afore-

mentioned letter of Commissioner Ball, this letter was the first recognition that the Claimant was being represented by an attorney. (A copy of the Reconsideration Notice was sent to the Bureau).

On June 4, 1971, the Claimant's matter came on for hearing before Thomas Artale, Hearing Examiner, who affirmed the decision rendered at the lower levels.

The decision of the Hearing Examiner, for the first time, set forth the specific reason for denying the claimant's application for disability benefits, i.e., for the first time pertinent statutes and regulations referring to definitions and enumerated impairments were cited.

CONCLUSION

By reason of the above, the Claimant was denied due process of law in the pursuance of her claim. The law sets out specific conditions under which one may collect disability benefits. The Claimant, in the case of a detailed law such as we are dealing with is entitled to know what burden she must meet in pursuing her claim so that she may present her case thoroughly and in its most favorite light. In its refusal to set forth the specific reason for denial of the claim, the Agency actively deprived the Claimant of a frame of reference from which to present her case, and thus prevented her from prosecuting the matter to the fullest extent. In addition, the steadfast silence on the part of the Agency should be taken as an admission that the decision at the lower level was erroneous, and that the given reason for its affirmance at the Hearing level is merely an after the fact unsuccessful attempt to rationalize it.

POINT II

THE DECISION OF THE HEARING EXAMINER IS CONTRARY TO LAW AND FACT

FACTS

The record shows that the Claimant is 59 years of age with a previous work record as follows: farmhand, welder and riveter, domestic, sweeper, dish washer, bobby pin carder and housewife.

The record also shows that Claimant, among other things, is ailing from degenerative arthritis; that removal of her knee cap was suggested by a qualified physician and that she is presently under surveillance for the possibility of the existence of active tuberculosis.

Claimant also testified that her knee locks, that she cannot sit at her sewing machine as she used to because of her ailment, and that pain shoots up through her arms at times.

The mere fact that Claimant can drive an automobile at times does not mean that she can perform a job on a daily basis for eight hours a day.

It is not disputed that Claimant is unable to do heavy lifting or standing over a long period of time because of her condition. The question then comes down to whether she can perform as a light bench worker; i.e., the carding of bobby pins.

With the history of claimant's ailments, her complaints about shooting pains and her inability to sit at a machine for any length of time, it is unrealistic to insist that Claimant hold herself out, and go to work as one who is physically fit to carry out a job for eight hours a day, day after day - not even as a bobby pin carder.

CONCLUSION

By reason of the above, the decision of the Hearing

Examiner is contrary to law and fact.

WHEREFORE, Claimant requests that said decision be reversed on the grounds of Points I and II herein.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

NOTICE OF DECISION

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed decision of the hearing examiner, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at the nearest office of the Social Security Administration, or you may file the request for review with the hearing examiner, or with the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205 (g) and 1869 (b) of the Social Security Act.

This notice and enclosed copy of hearing examiner's decision mailed to the claimant and representative Aaron Goldfarb, Esq.,310 Walbridge Bldg.,Buffalo, N.Y.14202 on July 12, 1971

Form HA-502-3
(6-69)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

11

HEARING EXAMINER'S DECISION

In the case of	Claim for
Idotha Key (Claimant)	Widow's Disability Insurance Benefits
Eddie Key (Deceased) (Wage Earner) (Leave blank if same as above)	236-10-4467 (Social Security Number)

This case is before the Hearing Examiner upon a request for hearing filed on March 8, 1971 by Idotha Key, hereafter called the claimant, who disagrees with the determination of the Bureau of Disability Insurance of the Social Security Administration, disallowing her application for widow's disability insurance benefits. The hearing was held at Buffalo, New York on June 4, 1971 before the undersigned Hearing Examiner. The claimant was present and participated, together with her attorney, Aaron Goldfarb, Esq.

The claimant filed an application for benefits under the Social Security Act, as amended, on August 12, 1969 alleging that she first became unable to work on June 15, 1959 due to bursitis, back and hip condition. On January 21, 1970, the claimant was advised that her claim was denied because she did not meet the disability requirements of the law. Following the claimant's request for reconsideration filed on February 10, 1970, she was informed by letter dated November 24, 1970, the initial determination of denial was affirmed. Her request for a hearing followed.

The claimant, in connection with her application, stated that she was born on October 5, 1911, that she is the widow of Eddie Key, the wage earner, who died fully insured on August 2, 1969, and that she has not remarried since his death. She alleges that she became unable to work on June 15, 1959, at age 48 years. She lastly worked for a short time as a domestic and a dishwasher.

Claimant formerly worked as a riveter, bobby pin carder, welder, sweeper, farmhand and as a housewife.

STATEMENT OF ISSUES AND APPLICABLE LAW

The general issue before the Hearing Examiner is whether the claimant is entitled to widow's insurance benefits based on disability under section 202(e) of the Social Security Act, as amended. A specific issue for decision is whether the claimant is under a disability as defined in sections 223(d)(1)(A) and 223(d)(2)(B) of the Act and, if so, when such disability commenced and the duration thereof. The term "disability" means the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. In addition, a widow shall not be determined to be under a "disability" unless her physical or mental impairment or impairments are of a level of severity which, under regulations prescribed by the Secretary, is deemed to be sufficient to preclude an individual from engaging in any gainful activity. Section 202(e)(1)(B) of the Act provides that the "disability," if any, must begin before the end of a period specified in section 202(e)(5). As pertinent herein, this specified period will end on September 30, 1971, the last day of the month before the month in which the claimant will attain age 60.

For purposes of determining entitlement to widow's insurance benefits based on disability, section 404.1501(a)(1)(iii) of Subpart P of Social Security Administration Regulations No. 4, provides that the claimant's impairments must be of a level of severity deemed (pursuant to section 404.1504 of the regulations) sufficient to preclude an individual from engaging in any gainful activity. Section 404.1504 of the regulations provides that a widow may be found to be under a disability only if her impairment or impairments are either listed in the Appendix to Subpart P of the regulations or are, singly or in combination, medically

the equivalent of an impairment identified in the Listing of Impairments in the Appendix. However, this section of the regulations further provides that a widow shall not be found to be under a disability where she is engaged in substantial gainful activity.

The Listing of Impairments in the Appendix to Subpart P of the regulations describes impairments which are of a level of severity deemed sufficient to preclude an individual from engaging in any gainful activity, and which may be expected to result in death or to last for a continuous period of not less than 12 months. Section404.1506 of the regulations contains information as to the contents and organization of the Listing of Impairments; it defines the terms symptoms, signs,and laboratory findings, for purposes of Subpart P of the regulations; it provides that where medical findings which are essential in establishing a diagnosis or in confirming the existence of an impairment are not specified in the Listing, the diagnosis must nonetheless be established on the basis of medically acceptable clinical and laboratory diagnostic techniques; and it specifies that an impairment will be considered to be one listed in the Appendix to Subpart P if it has such attendant medical findings as are recited in the Listing for the impairment.

Section 404.1505 of the regulations provides that a widow's impairment or impairments shall be determined to be medically the equivalent of an impairment listed in the Appendix only, if the medical findings with respect thereto are at least equivalent in severity and duration to the listed findings of the listed impairment. A decision as to whether the impairment or impairments are medically the equivalent of an impairment listed in the Appendix shall be based on medical evidence demonstrated by medically acceptable clinical and laboratory diagnostic techniques, including a medical judgment furnished by one or more physicians designated by the Secretary.

SUMMARY OF CLAIMANT'S ALLEGATIONS

Claimant testified that she is 59 years old, was born October 5, 1911 in Uniontown, Alabama, is 5 feet 1 inch tall, weighs 136 pounds and is right-handed. Claimant further testified that she is a widow, has two married children and lives with her granddaughter who is ten years old, in a house she owns herself. Her home is situated over a mile from the hearing room and she got to the hearing by bus. Claimant owns and drives her own car. With reference to her present source of income, claimant testified that she gets $75 per month as a pension from her deceased husband's employer, Bethlehem Steel Corporation, and $50 a month for the rental for a part of her home. This totals an income of $125 per month. With reference to her formal education, claimant testified that she completed the ninth grade of schooling and at that time was 18 years old. She worked on a farm in the fields tending cows, hogs and chickens. She did this since she was 10 years old. At age 25 she left Alabama and went to live with her husband who was employed as a coal miner in West Virginia. In 1940, claimant came to live in Buffalo, New York, and thereafter she worked as a domestic on a daily basis for several years. In 1942 claimant worked in a defense plant, Bell Aircraft, as a sweeper. Claimant went to night school, took up welding and then got a job doing acetylenewelding. Thereafter she also worked at Curtis-Wright Company doing riveting. Three months later she returned to welding and was so employed until the middle of 1945. At that time claimant returned to work as a domestic until she got a job as a dishwasher. Later, claimant worked as a bobby pin carder and she also returned to being a housewife. Upon being asked how she felt today, claimant describes a pain in her back, over her buttocks, and she says that when she tries to do housework, the pain gets real bad. She takes a regimen of Anacin and Endocin together with Valium several times a day. Claimant also describes a pain that starts in the front of the head and goes to her neck and shoulders. She also describes a pain in her left knee which clicks on

occasions and becomes locked. Claimant did say that the last time it was locked was a month ago. Claimant has pains in her hands due to arthritis and sometimes once or twice a day her fingers become numb. Claimant cannot say how often she does get this numbness. Claimant did give a fairly good demonstration of being able to raise her arms and her hands up to shoulder level; she could not raise them too much further but she did twist her torso and move her spine to the right and to the left showing a fine dexterity with her hands and her arms, with her shoulders and with torso movements, at the hearing. Upon being asked what she did yesterday, claimant said that she got up at about 9:30 a.m., fixed breakfast, took care of her personal needs, and whenever she felt like it, combed her hair, washed and dressed herself; she cooked supper and made one bed. Thereafter she sat on a porch and took a short walk around her back yard. At times, claimant has difficulty in bathing. Some mornings her arms up to her shoulders, give her great pain. Claimant testified that she can and did make her own clothes, but she has not used her sewing machine for the last two years. Claimant did testify that she might be able to return to her old job as a bobby pin carder; however, she said that she would not be able to get to the job. On being asked why she could not drive herself there, claimant stated that she would want to take a bus. Claimant does own and operate her own car.

SUMMARY OF MEDICAL EVIDENCE

In a report dated August 26, 1969, Dr. Alfred M. Stein, a Board certified internist stated that claimant has severe joint pains of approximately three years duration with more noticeable involvement in shoulders and knees. Diagnosis was degenerative arthritis and generalized osteoporosis was made.

In a report dated December 17, 1969, Dr. Stein stated that claimant has pain, swelling and crepitation in both knee joints, the left knee joint being considerably more affected than the right. She also has pain and limitation of motion in right

hip joint. At times during an exacerbation of her arthritic complaints she does have difficulty in ambulation because of a pain, swelling and limitation of motion.

In a report dated March 2, 1970 said Dr. Stein gave a diagnoses of degenerative arthritis; osteoporosis; and Hyper cholecteroesmia.

In a report dated February 18, 1971, said Dr. Stein stated various visits from September 26, 1969 to February 4, 1971. On February 4, 1971, claimant still complained of pain in right hip - no changes in therapy or physical findings.

In a report dated July 2, 1970, Dr. Bertram Kwasman, a Board certified orthopedic surgeon stated that claimant's knee X-ray showed arthritic lipping of the patella as well as spurs on the articulating surfaces of the femoral condyles and the tibial plateau surfaces. Claimant has chronic right sacroiliac pain. It was suggested that claimant consider being admitted to Buffalo General Hospital for purpose of performing a patellectomy of left knee.

In a report dated February 18, 1971 said Dr. Kwasman stated that claimant has degenerative arthritis of knees and chronic low back pain which is on the basis of degenerative arthritis as well.

In a report dated July 24, 1970, Dr. Joseph W. House, a certified psychologist stated that claimant was tested and the results of all three clinical tests gave evidence of no greater decline of abilities or deterioration than the changes that may be expected for a person of her age and her cultural background. Claimant was found quite capable to reason and to think and to adapt emotionally. Since her memory and her ability to make the usual and customary judgments were good, and only her verbal communication was somewhat slow, claimant demonstrated a good capacity for self-sufficiency from a psychological standpoint. On the basis of interview and test

findings, claimant is considered as capable of managing payments in her own interest.

In a report dated September 15, 1970, Dr. Berkeley Zinn, a Board Certified radiologist stated that claimant's X-rays showed rather mild sclerotic and pseudocystic changes in the greater tuberosity of the right humerus with no other roentgen abnormality of the right shoulder. There are moderately severe degenerative arthritic changes in the left knee with several small osteocartilagenous loose bodies.

Claimant was sent to Dr. Ighatius Bertola for a consultative examination and report. Dr. Bertola is an American Board certified orthopedic surgeon. In concluding his report dated October 7, 1970, Dr. Bertola stated that claimant on physical examination had a full range of motion of both shoulders and her spine. She, likewise, has a full range of motion of her left knee. There is, however, a moderate degree of effusion in her left knee. There is no neurologic involvement in either extremities and there is no atrophy.

X-ray examination of her right shoulder shows mild sclerotic changes over the greater tuberosity of her right humerus which are very minimal in nature. There is, likewise, degenerative arthritic changes in her left knee. There are no other abnormalities in her hands, feet, or other extremities noted.

Claimant has a full range of motion of her spine. Doctor feels that claimant does have degenerative arthritis, especially of her left knee which is commensurate with her age group. Doctor feels that claimant is able to work in accordance with any other woman her age group. Doctor does not feel as though claimant is able to do any heavy lifting or standing over a long period of time, because of degenerative arthritis which is commensurate with any one in her age group.

Doctor stated that claimant is able to do light bench work and stand for periods of under two hours, sit for an unlimited

period of time, and lift objects lighter than 20 pounds.

In a report dated February 17, 1971, Dr. Theodore F. Ciesla, a general practitioner with a pulmonary diseases specialty stated that claimant was last seen in the clinic February 1, 1971 at which time she stated that she had occasional chest pains, occasional non-productive cough and occasional shortness of breath during an attack of asthma. An X-ray examination showed no marked or essential change as compared with previous X-rays. Both lungs appeared to be clear. The heart was within normal limits. Diagnosis: Primary complex, inactive, under therapy.

EVALUATION OF EVIDENCE

Pursuant to section 223(2)(B) of the Act, the Secretary has published a "Listing of Impairments," applicable to disabled widow's insurance benefits. (Appendix to 20 CFR 404.1501-1539). In order for a widow to be found entitled to such benefits she must have an impairment or impairments listed therein or an impairment or impairments medically the equivalent thereof.

Any decision as to whether an individual's impairment or impairments are medically the equivalent of an impairment listed in the said Appendix shall, under the Secretary's regulations, be based on medical evidence which includes a medical judgment furnished by a physician designated by the Secretary, relative to the question of medical equivalence. A "physician designated by the Secretary" shall include a physician in the employ of or engaged for this purpose by the Administration, the Railroad Retirement Board, or a State agency authorized to make determinations of disability. 20 CFR 404.1505(b).

The claimant has alleged that she has been unable to work because of her impairments. However, it must be borne in mind that claimant has not engage in any type of substantial gainful activity for any substantial period of her life after 1955.

There is no question that claimant is the unremarried widow of the deceased wage earner, Eddie Key. She has established a date of birth of October 5, 1911. By virtue of her widow's status and her age, she meets these two requirements for disabled widow's insurance benefits. The claimant indicates in her various statements that she suffers from degenerative arthritis, generalized osteoporosis, bursitis and chronic low back pain. She advises that she is unable to work because she cannot stand and cannot obtain employment because of her physical disabilities. She has filed her application within the statutory period after the date of death of the deceased wage earner.

A study of the medical evidence of record convinces the Hearing Examiner that the primary diagnosis requiring evaluation for the purpose of this proceeding relates to the claimant's arthritis, bursitis and back pains. It is true that there have been other diagnoses made with respect to the claimant's impairments. However, a study of the evidence convinces the Hearing Examiner that they are not of any great significance in claimant's medical picture.

A report from an Internist, reveals that the claimant has been under the doctor's care since October 1965. At that time she stated that she had severe joint pains of approximately three years duration with more noticeable involvement in her shoulders and knees. At that time a diagnosis of degenerative arthritis and generalized osteoporosis was made. X-rays of the lumbosacral spine taken on February 19, 1966 showed generalized osteoporosis and mild arthritic changes with small spurs on the opposing margins of L3 and 4. There was also some mild reactive changes in the lumbosacral apophyseal joints. Urinalysis, blood counts, blood sugar, blood urea nitrogen have been in the normal range. On May 26, 1969 a latex fixation test was reported as slightly positive.

The doctor concluded that the claimant has pain, swelling and crepitation in both knee joints, the left knee joint being

considerably more affected than the right. The claimant also has pain and limitation of motion in the right hip joint. At times during an exacerbation of her arthritic complaints she does have difficulty in ambulation because of pain, swelling and limitation of motion.

Consultative orthopedic examination was held on September 11, 1970. The claimant complained of arthritis of the left knee and bursitis and arthritis of her right shoulder. The claimant has a full range of motion of both shoulders and her spine. She has a full range of motion of her left knee. There is some effusion in the left knee. There is no neurologic involvement in either extremity and there is no atrophy. X-ray of the right shoulder shows mild sclerotic changes over the greater tuberosity of her right humerus, which is very minimal in nature. There are degenerative arthritis changes in the left knee. There are small osteocartilagenous loose bodies in the left knee. The claimant has a full range of motion of her spine. She has degenerative arthritis which is commensurate with her age, 59. The claimant should avoid heavy lifting or prolonged periods of standing, however, she is considered able to do light bench work and stand for periods of under two hours, sit for an unlimited period of time and lift objects up to 20 pounds.

A consultative psychological evaluation was also held in order to evaluate the claimant's mental status. She attained a full scale I.Q. of 90. The claimant was able to drive her own car to the examination, was well dressed and well mannered. She is functioning at a low-average level of intelligence, and her performance showed a fairly even distribution on the subtests. The results of clinical tests gave evidence of no greater decline of abilities or deterioration than the changes that might be expected for a person of her age and her cultural background. She was found quite capable to reason and to think and adapt emotionally. Her memory and ability to make the usual and customary judgments were good and only her verbal communication was somewhat slow. She demonstrated a good capacity for self-sufficiency. The great weight of all of

evidence fails to substantiate the presence of an impairment of sufficient severity to warrant an allowance as a disabled widow. The claimant is suffering from degenerative arthritis of the left knee, however, this does not render her unable to engage in work activity. Regarding her mental status, her I.Q is within normal limits and showed a fairly even distribution over the subtests. There is no evidence of any organic brain damage.

In summary, all of the evidence of record indicates that claimant's combination of impairments is not sufficiently disabling and do not meet the severity criteria required by the pertinent sections of the Social Security Act and Regulations.

FINDINGS OF THE HEARING EXAMINER

The Hearing Examiner has carefully considered the entire record in this case and based upon the preponderance of the credible evidence makes the following specific findings:

1. The claimant was born on October 5, 1911.

2. The claimant is the widow of Eddie Key, the wage earner, who died fully insured on August 2, 1969.

3. The period during which the claimant may establish that she is under a disability extends to September 30, 1971.

4. The medical findings shown by a preponderance of the medical evidence of record establish the existence of degenerative arthritis, generalized osteoporosis, bursitis and chronic back pain.

5. The medical evidence of record does not reveal the same attendant medical findings with respect to the claimant's alleged impairments as are recited in the Listing of Impairments in the Appendix to Subpart P of the Social Security Administration Regulations No. 4 for said impairments.

6. The record medical evidence establishes that the medical findings with respect to the claimant's impairments are not equivalent in severity and duration to the listed findings of any impairment listed in the Appendix to Subpart P. Therefore, the claimant's impairments, considered singly and in combination, are not medically the equivalent of a listed impairment.

7. The medical evidence fails to establish that at any time prior to the date of this decision the claimant's impairments were of a level of severity which, under regulations prescribed by the Secretary, is deemed sufficient to preclude an individual from engaging in gainful activity.

8. The claimant was not under a "disability," as defined in section 223(d) of the Social Security Act, as amended, at any time prior to the date of this decision.

DECISION

It is the decision of the Hearing Examiner that the claimant, Idotha Key, based on her application filed on August 12, 1969, is not entitled to widow's insurance benefits based on disability under section 202(e) of the Social Security Act, as amended.

Thomas Artale
Hearing Examiner

Dated: JUL 12 1971

Idotha Key

236-10-4467
(Account Number)

I will not charge the claimant for services if the claim should be allowed, and also authorize the Social Security Administration to release to the claimant the full amount of any accrued benefits to which she may be found entitled.

Aaron Goldfarb

DATE: 6-4-71

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

NOTICE BY ATTORNEY OF APPOINTMENT AS REPRESENTATIVE

I have been appointed by Edtha KEY (Claimant)

to act as (~~his~~) (her) representative with respect to (~~his~~) (her) claim under the Social Security Act based on the earnings record of EDDIE KEY (Wage Earner) 226-10-4467 (Social Security Number)

I am authorized to obtain from the Administration information concerning this claim; and it is understood that any notice or request sent to me shall have the same force and effect as it sent to the above claimant.

I am in good standing in the courts in which I have been admitted to practice law.

Aaron Goldfarb
(Signature of Attorney)
LEGAL AID BUREAU of BUFFALO
(Type or Print Name of Attorney)
310 WALBRIDGE BLDG.
(Address)
BUFFALO, NEW YORK
853-9555
(Telephone Number)

6-4-71
(Date)

(SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON REGULATIONS PERTAINING TO FEES FOR SERVICES TO A PARTY AND INFORMATION ON CONFLICT OF INTEREST)

FORM HA-512.1
(8-70)

FEES FOR SERVICES OF ATTORNEY

The rules governing fees for the representation of claimants appear in sections 404.971 through 404.977(a) of Regulations No. 4 of the Social Security Administration (Title 20, Code of Federal Regulations). In summary, the regulations provide that:

An attorney desiring to charge and receive a fee for services rendered for an individual in any proceeding before the Administration under titles II or XVIII of the Social Security Act must file a written petition to obtain approval of such fee. The petition must contain, in addition to other specific information, an itemization of the services rendered and the time expended (as set forth in §404.976(a)). The amount of the fee, if any, will be determined (on the basis of the various factors described in §404.976(b)) by an authorized official of the appropriate component of the Administration where the attorney's services were concluded, and no fee shall be charged or received which is in excess of the amount approved. This rule is applicable whether the fee is charged to or received from a party to the proceeding or someone else (§404.975).

• • • • • • • • • • • •

The attorney should maintain an itemized record of his services rendered and the time expended in any social security case he handles. This will facilitate the preparation of the required petition.

Printed petition forms, which provide for the inclusion of all the required information, are available upon request from social security district offices, hearing examiner offices, or the Bureau of Hearings and Appeals, Social Security Administration, P.O. Box 2518, Washington, D. C., 20013.

Section 206(a) of the Social Security Act provides:

"• • • Any person • • • who shall knowingly charge or collect directly or indirectly any fee in excess of the maximum fee, or make any agreement directly or indirectly to charge or collect any fee in excess of the maximum fee, prescribed by the Secretary shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall for each offense be punished by a fine not exceeding $500 or by imprisonment not exceeding one year, or both."

CONFLICT OF INTEREST

Sections 203, 205 and 207 of Title 18 of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States.

THE LEGAL AID BUREAU OF BUFFALO, Inc.
FOUNDED 1912
310 WALBRIDGE BUILDING
43 COURT STREET
BUFFALO, N. Y. 14202

AC 716 - 853-9555

CIVIL CASE DIVISION
APPEALS DIVISION

PUBLIC DEFENDER
NEIGHBORHOOD LAW OFFICES

LAW GUARDIAN
HABEAS CORPUS DIVISION

Please refer to our
File No. 35330

May 12, 1971

Mr. Alvin E. Dillman
Administrative Hearing Examiner
1436 Federal Building
1000 Liberty Avenue
Pittsburgh, Pennsylvania

Re: IDOTHA KEY
236 Cedar Street
Buffalo, New York 14204
S.S. No. 236-10-4467

Dear Mr. Dillman:

I understand from the Social Security Administration in Buffalo, New York that the above matter has been transferred to your office because of the heavy backlog.

Could you please advise us as to when we can expect a hearing date in said matter. Our request for hearing was submitted on March 5, 1971.

Very truly yours,

Aaron Goldfarb

Aaron Goldfarb
Assistant Attorney
Civil Case Division

AG/js

Hearing notice was sent to atty on May 13, 1971

Object — To give legal aid gratuitously, if necessary, to all who may be worthy thereof, and who through poverty cannot procure legal assistance elsewhere
Member of The National Legal Aid and Defender Association

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

27

NOTICE OF HEARING

In the case of

Idotha Key, Disabled Widow
(Claimant)

Eddie Key, Deceased
(Wage Earner) (Leave blank if same as above)

Claim For
Widow's (Widower's) Insurance
Benefits Based on Disability

235-10-4467
(Social Security Number)

TO: Mrs. Idotha Key
235 Cedar Street
Buffalo, New York 14204

Pursuant to your written request and provisions of section 205(b) of the Social Security Act, a hearing will be held by the undersigned, a Hearing Examiner of the Bureau of Hearings and Appeals, on the 4th day of JUNE 1971 at 1:00 o'clock in Room 520 of _____ Building, 70 Delaware Avenue, Buffalo, New York.
(Number and Street) (City) (State)

The general issue to be determined is whether you are entitled to widow's (widower's) insurance benefits based on disability under section 202(e) (202(f)) of the Social Security Act, as amended.

The specific issues on which findings will be made and conclusions will be reached are (1) The claimant's age; (2) whether the insured status requirements for entitlement to disabled widow's insurance benefits are met; (3) whether the claimant at a time when she meets the insured status requirements was under a "disability" as defined in Section 223(d); (4) if the claimant is found to be under a disability, the date when the disability commenced, and whether it continued up to the date of the decision.

You should be prepared to prove that you have attained age 50, but have not attained age 60, and you are under a disability (as defined in Section 223(d) which began not later than seven (7) years after (a) the month in which your husband died; or (b) the last month for which you were entitled to mother's insurance benefits, if any.

Remarks:

IMPORTANT—Please sign the enclosed postal card notifying me whether you will be present at the above time and place. The postal card should be returned at once; no postage is required.

HEARING EXAMINER
Thomas Artale

DATE
May 13, 1971

TELEPHONE NUMBER
412--644-2762

MAIL ADDRESS
Rm. 1435 Federal Bldg.
1000 Liberty Avenue
Pittsburgh, Pa. 15222

CC: REPRESENTATIVE (Name and Address)
Aaron Goldfarb, Esq. 310 Walbridge Bldg., Buffalo, New York 14202

DISTRICT OFFICE (Address)
560 Main St., Buffalo, N.Y. 14202

Enclosure
READ THE OTHER SIDE OF THIS NOTICE FOR FURTHER INFORMATION REGARDING YOUR HEARING.

FORM HA-507.2A
(6-67)

HEARING FILE

(Over)

IMPORTANT INFORMATION
BENEFITS FOR DISABLED WIDOWS AND WIDOWERS

General

The Social Security Amendments of 1967 provide social security benefits for severely disabled widows (including surviving divorced wives) and widowers which are payable as early as age 50. A widow or surviving divorced wife must have become disabled before the month in which she is 60 years old; a widower must have become disabled before the month in which he reaches age 62. In addition, the disability must have begun before the end of a period which is specified in the law. For a widow or a surviving divorced wife, her disability must have started before or within 7 years after (1) the month of her husband's death, or (2) the last month she was entitled to mother's insurance benefits, or (3) the month in which any previous entitlement to widow's insurance benefits based on disability ended because her disability had ceased. A widower must have become disabled before the close of the 84th month (7 years) after (1) the month of his wife's death or (2) the month his previous entitlement to widower's insurance benefits based on disability ended because he was no longer disabled.

The Meaning of "Disability" for Widow's Or Widower's Insurance Benefits

The law provides as in the case of an insured worker, the widow or widower must be unable to engage in any substantial gainful activity due to any medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death. In addition, the physical or mental impairment must be of a level of severity described in regulations issued by the Secretary of Health, Education, and Welfare which is deemed sufficient to preclude an individual from engaging in any gainful activity. If the individual is engaging in substantial gainful activity despite his impairments, he will not be found to be disabled, even if his impairment meets or equals the level of severity described in the regulations.

Other Requirements

Other specific requirements for entitlement to benefits as a disabled widow, surviving divorced wife, or widower, as they apply to your claim, are stated in the remarks section of this notice.

Appearance at Hearing

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Hearing Examiner promptly and give your reasons. Also advise the Hearing Examiner of the earliest date after which he can reschedule your case for hearing.

What You Should Do

The law places on you the burden of submitting evidence to support your claim. You must show the severity of your impairment by available medical evidence, and where necessary by appropriate medical tests. Bring to the hearing all medical and other evidence not already presented in your case: (1) A report from each doctor who has examined or treated you; (2) The results of clinical and laboratory tests; (3) Copies of medical evidence submitted to insurance companies, the State Compensation Commission; (4) Hospital records. If you find it impossible to obtain these latter records, notify the Hearing Examiner promptly before the day of the hearing. The Hearing Examiner may ask you to undergo a medical examination which will be performed at no expense to you.

Conduct of Hearing

You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine it before the day of the hearing you may do so at the Hearing Examiner's office.

At the hearing the Hearing Examiner will inquire fully into the matters at issue. You may present evidence either in the form of written documents or the testimony of witnesses, or both. You may bring your own physicians or other witnesses to testify on your behalf. If necessary, the Hearing Examiner may ask the doctor who examined you to appear, and may bring in a medical expert to testify. Your testimony and that of any witnesses will be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of fact or conclusions of law and present arguments orally or in writing.

Representation

While it is not required, you may be represented at the hearing by an attorney or other qualified person of your choice, if you desire assistance in presenting your case. Any fee which your representative wishes to charge for his services in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval at the conclusion of his services, and furnish you with a copy of his petition.

If you are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld for payment to your attorney upon approval of his fee. If the approved fee is less than the 25 percent withheld, the difference will be paid directly to you. If the approved fee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney.

If your representative is not an attorney, none of your benefits will be withheld; and payment of the fee which is approved is a matter to be settled between you and him.

If you have any other questions, your local Social Security office will be glad to help you.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

APPOINTMENT OF REPRESENTATIVE

I appoint Legal Aid Bureau of Buffalo, Inc. to act as my representative with respect to my claim under the Social Security Act, based on the earnings record of

(Print or Type Name of Representative)

Eddie Key, 236-10-4467
(Name of Wage Earner or Self-Employed Individual) (Social Security Account Number)

The above-named representative is authorized to obtain from the Administration information concerning my claim; and it is understood that any notice or request sent to him shall have the same force and effect as if sent to me.

Idetha Key
(Signature)

236 Cedar St
(Address)

Feb 5. 1971
(Date)

Buffalo, N. Y. 14204

ACCEPTANCE OF APPOINTMENT

I, Aaron Goldfarb on behalf of Legal Aid Bureau of Buffalo Inc., hereby accept the above appointment.
(Union Representative, Relative, etc.)

I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not, as an officer or employee of the United States, disqualified from acting as the claimant's representative; and that I will not charge or receive a fee for this representation unless it has been authorized in accordance with the law and regulations.

Aaron Goldfarb
(Signature)

310 Walbridge Bldg.
(Address)

Buffalo, New York

853-9555
(Telephone Number)

(Date)

(SEE REVERSE SIDE FOR REGULATIONS AS TO FEES OF REPRESENTATIVES AND INFORMATION ON CONFLICT OF INTEREST)

FORM HA-512
(11-68)

FEES FOR SERVICES OF REPRESENTATIVE

The pertinent section of Regulations No. 4 of the Social Security Administration provides:

"404.975. *Fee for services performed for an individual before the Social Security Administration.*

"(a) *General.* A fee for services performed for an individual before the Social Security Administration in any proceeding under titles II or XVIII of the Act may be charged and received only as provided in paragraph (b) of this section.

"(b) *Charging and receiving fee.* An individual who desires to charge or receive a fee for services rendered for an individual in any proceeding under titles II or XVIII of the Act before the Administration (see §404.977a), and who is qualified under §404.972, must file a written petition therefor in accordance with 404.976(a). The amount of the fee he may charge or receive, if any, shall be determined on the basis of the factors described in §404.976(b) by an authorized official of the appropriate component of the Administration, where the services were concluded by an initial or reconsidered determination, or by the Bureau of Hearings and Appeals where there is a decision or action by a hearing examiner or the Appeals Council of the Social Security Administration, as the case may be. Every such fee which is charged or received must be approved as provided in this section and no fee shall be charged or received which is in excess of the amount so approved. This rule shall be applicable whether the fee is charged to or received from a party to the proceeding or someone else."

Section 206 of the Social Security Act provides:

"* * * Any person * * * who shall knowingly charge or collect directly or indirectly any fee in excess of the maximum fee, or make any agreement directly or indirectly to charge or collect any fee in excess of the maximum fee, prescribed by the Secretary shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall for each offense be punished by a fine not exceeding $500 or by imprisonment not exceeding one year, or both."

CONFLICT OF INTEREST

Sections 203, 205 and 207 of title 18 of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR HEARING

31

Take or mail original and all copies to your local Social Security office ~~Bureau of Hearings and Appeals~~

CLAIMANT'S NAME
Idotha Key

WAGE EARNER'S NAME (Leave blank if same as above)
Eddie Key

SOCIAL SECURITY NUMBER
236-10-4467

CLAIM FOR
☑ Entitlement to Disability Benefits (97)
☐ Continuance of Disability Benefits (98)
☐ Other _____ (Specify type claim)

MAR 10 1971
Social Security Administration
Buffalo, New York 14202

I disagree with the determination made on the above claim and request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. My reasons for disagreement are:

The decision was against the weight of the evidence. Claimant's condition has worsened since decision. Claimant has tuberculosis

Check one of the following:
☑ I have additional evidence to submit. (Attach such evidence to this form or forward to the Social Security Office within 10 days.)
☐ I have no additional evidence to submit.

Check ONLY ONE of the statements below.
☑ I wish to appear in person before the hearing examiner.
☐ I waive my right to appear and give evidence, and hereby request a decision on the evidence before the hearing examiner.

Signed by: (Either the claimant or representative should sign-Enter addresses for both. If claimant's representative is not an attorney, complete Form SSA-1696)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE
Aaron Goldfarb	Idotha Key
ADDRESS: 310 Walbridge Building	ADDRESS: 236 Cedar St.
CITY, STATE, AND ZIP CODE: Buffalo, New York	CITY, STATE, AND ZIP CODE: Buffalo, N. Y. 14204
TELEPHONE NUMBER: 853-9555	TELEPHONE NUMBER: 856-5880

DATE: March 4, 1971
Claimant should not fill in below this line

Is this request filed within 6 months of the reconsideration determination? ☑ Yes ☐ No
If "No" is checked: (1) attach claimant's explanation for delay, (2) attach any pertinent letter, material, or information in the Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on 03/08/71 at Bflo NY
The hearing examiner will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

Hearing Examiner Copy

TO:
☐ Hearing Examiner Buffalo, NY
☒ Hearing Examiner-Disability file in BDI TELETYPE BDI, BALTIMORE, MD. 3/8/71
☐ Payment Center _____ (Location)
☐ BHI _____ (Location)
☐ DFC (BRSI) ☐ CWAB (BDPA)

Claim File Copy

Interpreter Needed None (Language)

For the Social Security Administration . . .
By: _____ (Signature) _____ (Title)
150 Main St (Street Address)
Bflo NY 14202 (City) (State) (ZIP Code)
Servicing District Office Code 103

Form HA 501 (6-69)

HEARING EXAMINER

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

TRANSCRIPT

In the case of	Claim for
Idotha Key (Claimant)	Widow's Disability Insurance Benefits
Eddie Key, Deceased (Wage Earner)	236-10-4467 (Social Security Account Number)

Hearing Held

at

Room 520, 220 Delaware Avenue

Buffalo, New York, 14202

on

June 4, 1971

APPEARANCES: Idotha Key, Claimant
Aaron Goldfarb, Attorney for Claimant

Thomas Artale
Hearing Examiner

Audrey Krol
Hearing Assistant

Form HA-509
(7-66)

INDEX OF TRANSCRIPT

In the case of

Idotha Key, Claimant

Eddie Key, Deceased Wage Earner A/N 236-10-4467

Claim for: Widow's Disability Insurance Benefits

Examination of Claimant by Hearing Examiner-------commencing p. 3

Examination of Claimant by Counsel----------commencing p. 21

(The following is a transcript of the hearing held before Thomas Artale, a Hearing Examiner of the Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education and Welfare, on June 4, 1971 at Buffalo, New York, in the case of Idotha Key, claimant for widow's disability insurance benefits on the earnings record of Eddie Key, deceased, social security account number 236-10-4467. The claimant, Idotha Key, appeared in person and was represented by her attorney, Aaron Goldfarb, Esq.)

(The hearing commenced at 1:55 pm on June 4, 1971)

OPENING STATEMENT BY HEARING EXAMINER:

EXAMINER: I note the appearance of Aaron Goldfarb, associated with the local Legal Aid Bureau of Buffalo.

COUNSEL: That's correct.

EXAMINER: You are appearing here without fee? Mrs. Key, Aaron Goldfarb is representing you today at your hearing, is that all right with you?

CLAIMANT: Yes.

EXAMINER: He is a member of the Legal Aid Bureau of the great city of Buffalo.

CLAIMANT: Yes.

EXAMINER: Counsel, I understand you are going to waive the opening statement, the formal opening?

COUNSEL: Yes, sir. You will take that note in summation.

EXAMINER: We will get to the point where I want to admit the exhibits. I presume that you and the lady have been going over these 42 exhibits. These are special papers that I personally extracted from this lady's social security account. I believe

they are important to her, and certainly they are important to the hearing here. Do you, sir, have any objections to my admitting these exhibits, numbered 1 through 42, in evidence in the hearing today in her behalf?

CLAIMANT: I have no objection, sir.

EXAMINER: There being no objections, the exhibits are deemed marked 1 through 42 and they are now received in evidence as Exhibits 1 through 42 respectively. Did you have any statement you wanted to make at this time (to Counsel)?

COUNSEL: With regard to the exhibits, your honour, there are some other exhibits which have not been placed in the record yet, and I would like to, if I could, at this time--

EXAMINER: They are three different exhibits, I'll admit them. Claimant's attorney offers a letter from the county, Erie Health Department, Erie County, dated February 17, 1971, as Exhibit 43. That is now accepted and marked in evidence. Counsel also offers as Exhibit 44 a certificate from Bertram G. Kwasman, a medical doctor, dated February 18, 1971. Counsel offers a certificate from the Buffalo Medical Group, dated February 18, 1971, and offered by Alfred M. Stein, medical doctor, Exhibit 45. We now have Exhibits 43, 44 and 45, 45 being a letter from the Buffalo Medical Group. They are now in evidence. I

you have copies of these (to Counsel)?

COUNSEL: Yes, sir.

EXAMINER: The usual procedure is-I will explain it. I do the initial questioning and if there is anything you want to pick up from that point, you are free to do that later on. Can you hear me, Mrs. Key?

CLAIMANT: Yes.

EXAMINER: Not by nodding or jestering, but by giving answers so this lady can pick it up.

The claimant, IDOTHA KEY, having been first duly sworn, testified as follows:

EXAMINATION BY HEARING EXAMINER:

Q How old are you, Mrs. Key?

A I am 59.

Q When were you born?

A October 5, 1911.

Q Where were you born?

A Uniontown, Alabama, County of Perri.

Q How tall are you approximately?

A 5-1.

Q How much do you weigh?

A 136.

Q Are you right handed or left handed?

A I'm right-handed.

Q Are you married?

A Widow.

Q You have children?

A Yes.

Q Can you give me their names, the first names of your children and their approximate ages?

A Louis T.

Q Louis?

A Yes.

Q How old is he?

A He is 39.

Q Is he married?

A Yes.

Q He lives by his own family?

A Yes.

Q The next one?

A Bernice Smith.

Q How old is Bernice?

A Bernice is 36.

Q Is she married?

A They are separated.

Q Is she living with you?

A No.

Q Then she lives by herself?

You have any other children?

A No.

Q Whom do you live with?

A I live along with a little granddaughter.

Q How old is your granddaughter?

A She is 10.

Q She goes to school?

A Yes.

Q What kind of a house do you live in? Is it a one family, an apartment house?

A I have a front, a house in the front, and a rear cottage.

Q Who owns it?

A I do.

Q How far is this house of yours away from the room that you're in now? How many miles would it be approximately? No one is trying to trick you.

A That I'm renting out? It's not my house. It is in the rear of me.

Q Do you live in this house?

A Just a few feet.

Q Do you live in this house?

A I live in my own house, in the front house.

Q Where is it situated? What is the address?

A 236 Cedar Street.

Q Where is that?

A It is located off Williams Street.

Q How many miles is this? How many miles away from the building that you are in now would it be from this building here?

A I would it say it was over a mile.

Q How did you get here?

A I came by bus.

Q Do you own a car?

A Yes.

Q Do you drive?

A Yes. I have not been driving.

Q What is your present source of income?

A Rent, $50; and $75 a month from pension, my husband's death, from Bethelehem Steel.

Q In other words, you have some kind of a pension from

Bethlehem Steel?

A Yes.

Q That's $75 a month?

A Yes.

Q Together with rent that you get from certain parts of the house that you rent out? Is that right? Your house, you rent it out, is that right?

A Yes.

Q You get $50 a month for that?

A Yes.

Q Is there other income that you have?

A No.

Q This is your total income?

A Yes.

Q That's $125 a month. Out of that you got to pay taxes, carrying charges for your house?

A Yes.

Q The rest you use to support yourself and your granddaughter?

A Yes.

Q How about your granddaughter's parents? Do they help you?

A They are separated and she has other children.

Q You don't get any money at all to support your granddaughter?

A No.

Q What is the highest level of education that you attained, formal schooling?

A I was promoted to the tenth grade.

Q Did you finish the tenth grade?

A I dropped out.

Q Then you completed the ninth?

A Yes.

Q How old were you at that time?

A 18.

Q Did you go to work?

A I was a farmer.

Q You worked on the farm?

A Yes.

Q Exactly what did you do?

A We worked in the fields and we had cattle, hogs, chickens.

Q You tended the animals then?

A Yes.

Q How long did you do this? Approximately.

A Approximately from about ten years old until I left Alabama. I left there in 1936.

Q Then you were 25 years old about?

A Yes.

Q You did this for 15 years. Then you say you left Alabama.

A Yes.

Q Where did you go?

A Holewood, West Virginia.

Q What did you do in West Virginia?

A I was just a housewife there.

Q You got married?

A I was already married.

Q You were just a housewife?

A Yes.

Q Did you get any gainful employment after you went to West Virginia? Did you get a job somewhere?

A No. My husband was a miner.

Q And you lived in West Virginia. How long did you live in West Virginia?

A From 1936, in September, up until July 1, of 1940

I come to Buffalo.

Q When you came to Buffalo in 1940, did your husband come with you?

A Yes.

Q Did he get a job here?

A No, not at first. He was here for quite a while before he got a job.

Q Did you get a job?

A Yes.

Q What kind of job did you get?

A Domestic work.

Q Did you work for one employer or did you work for several?

A I worked for several.

Q You would spend a day or two in one place, and a day or two in another place, is that how you worked?

A Yes.

Q How much did you get paid for this?

A One place I worked I would get $1.50 a day; and one place I worked I worked two days there, she paid me $2.00 and carfare.

Q They get more than that today, don't they? How long did you work at this domestic work?

A Until--

Q Your best recollection. How many years would you say?

A I started in the defense plant.

Q Then you went to work in a defense plant sometime during the war in 1942?

A Yes.

Q Then you just worked a couple of years doing this. You got here in 1940. You arrived in Buffalo in 1940.

A Yes.

Q You say you worked in a defense plant?

A Yes.

Q The war started approximately in 19--
Did you work in the defense plant in Buffalo?

A Yes.

Q Was the year 1940 or 1941?

A No, I don't think it would be 1941. I know I did not work in 1940. It was not 1940. It might have been in 1942.

Q 1942?

A Yes.

Q What did you do at this defense plant?

A The first job I had in the defense plant was at

Belle Aircraft. I was sweeping.

Q What did you do after that?

A I started going to night school and taking up welding.

Q How long did you go to night school?

A About 2-3 weeks.

Q Did you get a job as a welder?

A Yes. This was brazing.

Q What would you braze?

A We made things for the Army and Navy, that was an acetylene welding.

Q How long did you work at that?

A I was there for --

Q Your best recollection.

A To my best recollection I would say for over a year and I took up riveting at Curtis-Wright.

Q In 1943?

A About 1943.

Q You worked at riveting?

A Yes.

Q At the Curtis-Wright plant?

A Yes.

Q What do they make? Airplane motors?

A I was working on the nose part of the plane. We would just take the bad rivets out.

Q How long did you work at riveting?

A Just about 3 months. I was not there long.

Q What did you do after that?

A I went back to Hart Manufacturing Company where I was a welder.

Q You returned to welding?

A Yes.

Q And how long did you work that time?

A I was laid off. I figure it was somewhere around November.

Q November of when?

A Of that same year.

Q 1943?

A I think so.

Q Did you work after that?

A Just one moment please.

Q Your best recollection. You just sit down and have a short conference and figure it out.

A It was between VE day and VJ day that I was laid off

from Hart Manufacturing Company.

Q VJ day was September of 1945, and VE day was June of the same year. In other words, you worked between somewhere in the middle of 1945?

A Yes.

Q You were doing welding at that time, is that right?

A Yes.

Q Apparently the war contracts were off and they started laying off?

A Yes.

Q Did you find some other source of employment?

A I did some domestic work in between, at times. I did domestic work until I got this job as a dishwasher with Yulhos(ph.).

Q When did you do that?

A I worked at Yulhos for six months and in 1955--

Q After that did you work as a bobby pin carder or something like that?

A Yes.

Q How long did you do that?

A Six months.

Q What did you do after that?

A Not anything, just a housewife.

Q Then you returned to housework again?

A Yes, just my housework, as a housewife.

Q The job in 1955 as a bobby pin carder that was your last gainful employment?

A Yes.

Q You did no work since that time?

A No.

Q Either as a domestic or as a factory worker or anything else?

A No.

Q Do you have anyone else living with you besides your granddaughter?

A No.

Q You don't have your father? There's something in the file that says that you have your father, your 77-year old father?

A He went back South. He went back to Alabama. He was just here on a visit. My husband passed while he was here, and he stayed longer that he had planned to.

Q What did you do yesterday, Mrs. Key? When did you get up? Today is Friday, yesterday was Thursday.

A I fixed my breakfast.

Q What time did you get up?

A Up about 9:30.

Q You fixed breakfast? You take care of your personal needs? Did you wash, bathe, comb your hair, dress yourself?

A Yes, I can.

Q You can?

A I do when I feel up to it.

Q Does there come a time when you don't feel up to it?

A Yes.

Q How often would that be?

A I cannot say exactly how often it would be because some days I feel better than others.

Q It's a common feeling we all have but getting back to you, did you cook any meals for yourself and for your grandchild yesterday, Thursday?

A Yes, I made breakfast, and--

Q Lunch, supper?

A Supper I did.

Q Did you make the beds?

A Yes, one bed.

Q Did you clean the house?

A No.

Q You operate the vacuum?

A No.

Q Put out the garbage?

A No.

Q What else did you do besides what you told me?

A Sit out on the porch.

Q Take a short walk?

A Sat on the porch.

Q You said you took a short walk.

A Around in the back yard.

Q Do you bathe yourself? Have any difficulty in bathing?

A At times.

Q What would the difficulty be if you do have difficulty bathing?

A In movement of my arms from the shoulder.

Q Do you make your own clothes or do you buy them?

A I made mine when I was sewing but--

Q When is the last time that you sewed?

A It's been over two years now, just about.

Q You made them by machine or by hand?

A On a sewing machine.

Q How do you feel today?

A Not too good.

Q Why don't you feel too good, tell me, what's wrong?

A This hip and back is hurting, my hip and back.

Q Would you stand up and tell me, show me, turn around. We are not going to hurt you, Mrs. Key. Point to where you say. (She indicates an area on the right side of her buttocks, midway between the left and right upper and lower quadrants). You think that's fair, Counselor? She has a pain there.

COUNSEL: Yes.

Q What happens to that pain?

A I have to take something for relief for it.

Q How often do you get those pains? Do you have a pain there right now?

A Yes.

Q How often do you get the pain?

A Usually when I stir around, trying to do some housework, I get it.

Q I suppose that on a day like the other day when it rained you get a more severe pain, don't you?

A No.

Q Weather does not affect it?

A Weather don't seem to affect it.

Q It's safe pretty much localizing it there. Does it stay where you indicated, on your-- in your buttocks, on the right side?

A Yes.

Q Do you take any pills or any type of medication?

A I take medication three times a day.

Q What is the medication?

A One is Endocin.

Q What else?

A Valium.

Q These are all by prescription?

A Yes.

Q How often do you take the Valium?

A Sometimes I just take once a day depending on how I feel. If I feel nervous or something, I take that.

Q Is there any other medication that you take?

A I have it.

Q Don't show me, tell me.

A Another one I take they gave me from City Hall. I don't know the name of it.

Q You mean--

A Anti TB drugs, something.

Q Buffalo Medical Group?

COUNSEL: Medical Group.

Q The County Health Department?

COUNSEL: Yes, because of what the County Medical Department had reported to Dr. Stein in regards to Mrs. Key. The exhibit will also show that she's taking drugs at the direction of Dr. Stein.

Q You take this Endocin and Valium and this other drug that you don't know about? How often do you take that?

A I take it three times a day.

Q You take that three times a day?

A Yes.

Q Is that supposed to be a sedative?

A No.

Q Relaxant, pain killer?

A A pain pill. I don't know if he gave me-- it's grey and pink, that one time, it does not help too much, and I take Anacin just about every day.

Q You take Anacin for headaches?

A No. They go along with the Endocin.

Q Endicin goes along with the Anacin?

A Yes, for the pain.

Q Do you want to ask any questions, Counselor?

EXAMINATION BY COUNSEL:

Q First of all, Mrs. Key, you tell us that you understood from your past, why you are putting a claim in for disability under the Social Security law, is that right?

A Yes.

Q Mrs. Key, you base your claim under the Social Security law on the grounds that you are severely disabled and cannot carry on any work for a living, is that not correct?

A That's correct.

Q Can you tell us where you have felt this pain and where you feel this pain up to the present date?

A Now this pain comes from in my neck (indicating), it has affected-- at times, I get this pain in here (indicating the head), all around in my neck, and there across my shoulders, both shoulders, sometime I cannot raise my arms. I have a bad knee, the left knee which the doctor says a cartilage is slipped in there, and it clicks on me.

Q Did Dr. Kwasman, who has been treating you, did he ever describe your knee to you, inside the knee, as to what the

condition is in there?

A He told me the last time I was there that it was like glass.

Q And what does that condition cause?

A That causes it to lock.

Q Mrs. Key, if you were holding a job as a dishwasher right now and that knee locked, what would happen?

A I would go down.

Q Has your knee locked on you?

A Yes.

EXAMINER: When is the last time that it locked on you?

A It's been about a month ago now, but it leaves it sore after it locks.

Q Mrs. Key, I would like to read you the part of the decision rendered by the Agency in denying your claim for disability. In part, that decision says, among other things, " Although there is x-ray evidence of arthritic changes in your right shoulder and left knee, you retained the full range of motion in both joints. You are able to sit, tolerate some standing and walking, and to perform most of the physical movements commensurate with persons in your age group".

EXAMINER: Reading from the Recon Determination?

Q Yes, sir. "No other condition was found which would materially interfere with your activities". Now, Mrs. Key, you indicated before that one of your former occupations was working in the field as a farmer, is that correct?

A Yes.

Q Today could you work at that same job, eight hours a day?

A No.

Q Why not?

A Because I could not walk to get to the field now. I could not walk that distance.

Q Much less do the job, is that correct?

A That's right.

Q You also indicated-- Is it not a fact that during World War II you worked as a riveter at Curtis-Wright?

A Yes.

Q And as a welder at Hart Manufacturing Company?

A Yes.

Q And you worked at Belle during the war, is that correct?

A Yes.

Q At this present date, could you hold any of those jobs? Could you perform any of those jobs?

A No, I could not.

Q Why not?

A Because of my hands and my shoulders. I get these pains in my hands and shoulders.

EXAMINER: How often do you get these pains in your hands, Mrs. Key?

A Most any time, it's been hurting since I've been sitting here.

EXAMINER: You have pain in your hands?

A Yes, in the hands.

EXAMINER: How often do you have them, or get them?

A Sometimes once or twice a day, sometimes at night when I lie down, and sometimes when I sit and rest my arm, my arm over the chair like this(indicating), it gets a numbness in my fingers. It comes from in here (indicating), all the way up into my shoulder and neck.

EXAMINER: How often do you get this numbness that you talk of?

A I could not just say how often because it comes and goes.

Q Again, Mrs. Key, you indicated that in 1954 you worked as a dishwasher, is that correct?

A Yes.

Q Do you feel that you can perform the job as a dishwasher, at that particular job, for eight hours a day?

A No.

Q Can you tell us why not?

A Because the trouble that I have with my hands and shoulders, and standing, I would not be able to stand.

Q Is that because your knee, for one?

A Knee, for one, and the hip the other.

Q In 1955 you worked at Smith and Victor as a carder of bobby pins, is that not correct?

A That's right.

Q That was a job where you sat down?

A Right.

Q You feel that you could perform that job for eight hours a day at this time?

A No.

Q Can you tell us why not?

A Because I would not be able to get to the job.

EXAMINER: You would not be able to get through?

A To the job, such as taking a bus to get to the job...

EXAMINER: But you drive an automobile, you have a car.

A I would not be driving.

Q Is it or isn't it true that you used to do quite a bit of sewing at your sewing machine, is that correct?

A Correct.

Q You do that today? You still do that today?to the same extent that you used to do it?

A No.

Q Is lesser or greater?

A It is less.

Q Will you tell us why?

A Because of the condition of the leg, right leg, here, and my hands, I'm cutting, the pain works up to here when I use the scissors, and to do needle work, the same thing, this pain runs up in here (indicating her neck), and I have two sewing machines, one to control with your foot and I cannot use it because I have to press down and that seems to make pain go up into my back and hip; and the other one that works with the needle it works the same way. It comes from in there, all the way up to my hip, it's like pressure on the inside.

Q Recently, you had the occasion to go to Dr. Bertola's office at the direction of the Agency to be examined?

A Yes, sir, yes I did.

Q Did Dr. Bertola perform any tests or have you-- or done anything to see how you could move your limbs and body?

Did he do that? Did he perform any of those tests on you?

EXAMINER: Tell us what he did. Stand up. Make believe he (counsel) is Dr. Bertola. You do what he asked you to do.

Q Did Dr. Bertola have you perform, or did he perform any tests?

EXAMINER: There is an allegation that Dr. Bertola, an orthopedic surgeon, says that she has full range of motion of both shoulders and spine. Here's how you test it. You do what I do, please. Raise your hands up, move your, go like this, raise them up there. We're not trying to trick you, you do what you can. You follow me, can you do this? Bring your hands down, do this, do this. Did you do that for Dr. Bertola?

A No.

Q Can you tell us, in doing this test, Dr. Bertola wanted to see how you could more, is that correct? Did he tell you to do anything to see how you could move. Just answer yes or no.

A Yes.

Q Did he tell you to make certain movements?

A Yes.

Q Did you do those movements yourself?

A I could not do it.

Q Did Dr. Bertola help you in making those movements?

A He did, himself.

EXAMINER: Did he test your left knee? He said that you complained of pain in your left knee, is that right?

A Yes.

EXAMINER: Did he sit you up on a table, or comfortable chair, and did he bend the knee up to this point, do you remember?

A Yes.

EXAMINER: Did he measure it?

A No.

EXAMINER: Did he have a tape? But he did bend your knee? Were you on one of these slanting chairs, were you on a couch?

A No, it was a table like this?

EXAMINER: But he did bend your knee, left knee?

A Yes.

EXAMINER: He did see whether you had flexion. This is a test, how much you can bend.

A Yes.

Q When Dr. Bertola made you-- asked you to do certain movements, you could not do them yourself, is that correct?

A That's right.

Q You could not do it without him touching you?

EXAMINER: He guided you, pushed you in this, pushed you this way, and a little bit this way, he's an orthopedic, guys are pretty rough, they aren't the gentlest people, you know.

Q Did you, or did you not, feel great pain?

A I had great pain.

Q Did you feel pain to the extent that you could not leave the office for a while?

A Yes.

EXAMINER: You were probably a little out of breath also.

Q That's all the questions I have. I would also like to offer one more exhibit, that's proof of the claimant's age, if I may.

EXAMINER: This is accepted as Exhibit 46, birth certificate of the claimant, County of Perri, Idotha M. Cattrell, October 5, 1911, Perri County, Alabama. We will accept it as Exhibit 46.

Q I'm sorry, I would just like to ask a few more questions. As a result of certain examinations and tests made at the Perri County Department of Health, did they at first find, through chest x-rays in 1968, that you had negative response as far as tuberculosis is concerned?

A Yes.

EXAMINER: The medical records are fairly full.

Q As far as exhibit--

EXAMINER: Ask her how she felt at a particular time.

Q These are other questions I would like to put in the summation.

First of all, I would like to place in the record certain objections that I have. First one is the failure on the part of the Agency to respond to our office, letters of our office dated February 27, 1970, March 30, 1970, and April 21, 1970, in which we asked for the specific reason for the original rejection of Mrs. Key's claim. First of all, our objection is on the ground that it would keep us from making as thorough a case as possible and ask for reconsideration because until the latest decision came to our office finally recognizing the fact that we were representing Mrs. Key, we had nothing to go on as far as trying to overcome any objections that they had to our original claim. Number two, I think their repeated silence on this part is admission on its part that this decision--

EXAMINER: I prefer to believe that the silence is because of the extreme volume of cases that we have and the multiplicity of following letters from various sources. Sometimes it takes weeks for the letter to arrive, to get to the proper person to handle. It was not any discourtesy or any conspiracy to keep

you people in the dark.

Q I am not saying that it was a conspiracy, but first of all whether it was or not, still to keep us from re-applying for reconsideration or more thoroughly because we did not know what their objection was.

EXAMINER: If she did not get such a reconsideration, you would not be here at this hearing unless you had a recon, that is a formal step.

Q I think it's admission on part that a decision at the lower level was erroneous. If there was that backlog they could have at least given us the courtesy of telling us why I expect an answer or not. As a matter of fact, when we went to Social Security office at the local district office, there was nothing in the files in this case.

EXAMINER: It probably left some kind of suspicious thoughts. There are thousands that we get. Many, many thousands of cases we get, they are all funneled through one channel in Baltimore. These things happen. I can realize her case is the most important thing to this lady. She could very easily develop the same thoughts that I would develop if I did not get my pay check on time. I'd say why me out of all these people.

Q As far as the case itself, your honour, I think the

record is pretty clear that Mrs. Key has been suffering from degenerative arthritis from 1965 at least to the present date. She's been on these various drugs and they have not helped her. In fact, taking out her knee cap has been suggested by one of the doctors. Now, I am certain that nobody can reasonably say that in view of, that Mrs. Key has been educated for, has been trained for, has actually done the job that she has performed at her age, at this time being 59. She said she worked as a farmer. I don't think anybody would expect her to go out in the field and work as a farmer. She's worked as a riveter and as a welder, and in view of the reports by the various doctors, I don't think she can go out do eight hours a day. I'd like to see anybody attempt, to talk a person, a director, or a foreman into saying that she can go out there and carry out these jobs for eight hours a day. She also had a job as a dishwasher. She explained to you about what happened when her knee locked, and if she's carrying a pile of dishes, which is apparent in that type of job, how long is she going to last at that job eight hours a day? The easiest job she had was as a carder in a bobby pin place and she could not even sit there for any length of time.

EXAMINER: She testified, if I remember correctly, that she could do that job but she cannot get to the factory. Then I asked her whether she could drive and she said she could drive but she'd take the bus.

Q Could you sit if you were offered a job as a carder of bobby pins?

CLAIMANT: No.

Q Could you do that job for eight hours a day?

CLAIMANT: No, I could not do that.

Q Tell us why not?

CLAIMANT: Because of the same movement of my fingers. Things, you put these things on the little knife, put them on a card, and this is all just like this (indicating), and when I use this arm, this pain goes up into my neck. I had that pain when I was doing bobby pins, but I was able to get relief. I've been taking treatments for this arthritis, or whatever it is, ever since 1931. It started in this knee and I've been constantly-- when I had those attacks, it comes on in attacks, but recent years it's getting worse and worse, and since Christmas day, I had to take to bed with this hip and head. I've taken therapy five days the first week, I had to take therapy.

EXAMINER: What did they do for you? Give you heat treatments?

CLAIMANT: Heat treatment and massage. At that time the pain, it was-- the hip was practically numb all the way down and I could not stand on that foot. I was using a cane to get around in the house. I had to walk in pain to get from the bathroom into the bed. Whatever it is, or whatever it was, when the thigh would touch the chair, that leg would automatically go up like that (indicating), when I'd go to the bathroom. That's why I could not sit to do that, the carding of bobby pins.

Q And she indicated further that she cannot sit at a sewing machine the way she used to. In addition to that, whatever the ultimate-- as far as-- whether she had tuberculosis or not. She is 59 years old, and I think the fact that she has to take drugs at this time to be watched. Also, the fact being a serious case, and from all facts and circumstances, she should be allowed the clain.

EXAMINER: Mrs. Key and Counsel, as soon as I have had an opportunity to read the entire file, including all these exhibits that have now been added to the file, and reviewing all the testimony and my extensive notes that I've made, I'll

make a decision on your appeal. This decision will be in writing, it will take some time. I will not be back to my base for another week. It will take some time after that. I'll make a decision, it will be in writing, I'll date it and sign it, and a copy of it will be mailed to you Mrs. Key, and a copy will be mailed to your attorney. There being nothing further, we will conclude the hearing. That you both very much for coming in, have a pleasant day.

(Hearing concluded at 2:00 pm on June 4, 1971).

CERTIFICATION

I have read the foregoing transcript and hereby certify that it is a true and complete record of the hearing.

Lindsey Kool

STATEMENT OF DEATH BY FUNERAL DIRECTOR

Notice: Whoever makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability is subject under the Social Security Act, to not more than a $1,000 fine or 1 year of imprisonment, or both.

8/22

1. NAME OF DECEASED	2. SOCIAL SECURITY ACCOUNT NUMBER
Eddie Key	236-10-4467

3. SEX	4. DATE OF DEATH OF DECEASED
☒ MALE ☐ FEMALE	8-2-69

PLEASE TYPE OR PRINT CLEARLY

5. NAME AND ADDRESS OF DECEASED'S NEXT OF KIN. (IF NO RELATIVE'S ADDRESS IS KNOWN, STATE NAME AND ADDRESS OF PERSON WHO ARRANGED FOR BURIAL.)

NAME OF NEXT OF KIN	RELATIONSHIP
Mrs. Idotha Key	Wife

ADDRESS (No. and Street, P.O. Box)

236 Cedar St

CITY AND STATE	TELEPHONE NUMBER OF NEXT OF KIN (If available)
Buffalo N.Y.	

I hereby certify that I am an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for Federal old-age, survivors, or disability insurance benefits.

NAME OF FUNERAL DIRECTOR OR FIRM	SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE OF FIRM
[redacted] FUNERAL HOME	Martha B. Meadows
ADDRESS (No. and Street, P.O. Box) 466 E. Utica St	TITLE Bus Mgr CASE NO. EXHIBIT NO. 1
CITY, STATE, AND ZIP CODE Buffalo N.Y. 14208	TELEPHONE NUMBER 883 7236
	DATE 8/21/69

FORM SSA-721 (11-66) (FORMERLY OA-C721)

GPO : 1966 O - 239-295

FORM OA-C101C (10-64)

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Form approved by Comptroller General, U. S.
January 23, 1958

DETERMINATION OF AWARD

(The terms below are used as defined in Title II of the Social Security Act or are used pursuant thereto.)

ACCOUNT NUMBER	CONTROL	BLOCK NO
236-10-4467		11792 II 36068 N

1. INSURED INDIVIDUAL	RACE	SEX	DATE OF DEATH	DATE OF BIRTH	2 RELATIONSHIP DEC	MAS	LUMP	MARITAL STATUS	3 MILITARY SERVICE	4 A. INFO
EDDIE KEY	N	M	08/02/69	06/19/10	19	40		M		

6. DIVIDEND	DIS. BASE YRS. EXC.	EL YRS /DO YRS.	DIVISOR	INC. YRS	BASE PERIOD/50 CD	RETRO PIA	CURRENT PIA	5 RETRO. MAS.	CURRENT MAS	SAC
66273.29		51-68	156		1951 1969		159.40F			

8. BEN. SYM.	REC	NAME OF CLAIMANT	DATE OF BIRTH	DATE CLAIM FILED	RELATIONSHIP DATE	RELATIONSHIP TYPE	REFERENCE ACCOUNT NUMBER	ENTITLEMENT DATE	BENEFIT AMOUNT	OTHER BEN AMOUNT
01		Idotha	10/05/11	08/12/69	05/22/30	CM		CASE CLO	CURRENT	

70

7. BENEFIT CONTINUITY FACTORS

BEN. SYM.	YR.	FAC	EARN.	J 1	F 2	M 3	A 4	M 5	J 6	J 7	A 8	S 9	O 10	N 11	D 12

7A. REP PAYEE

TYPE	GDN	CUS	INST	NAM

9. LUMP SUM: 255.00

PAID AS FOLLOWS

10. EXPENSES | PENDING UNPAID | NP

11. REMARKS | DO CODE

BUFFALO NY 103

Disabled Widow's Claim Pending

12. INITIAL ENTITLEMENT DATA

SYMBOL	NAME AND ADDRESS	DATE OF ENTITLEMENT	MONTHLY BENEFIT	LUMP SUM DEATH PAYMENT
01	33240A Idotha Key 236 CEDAR ST BUFFALO NY 14204			255.00

L-1 SO6PHSEP

This is to certify that this determination is based on supporting evidence on file.

CLAIMS REPRESENTATIVE | DATE

CERTIFYING OFFICER | DATE

9/10/69

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

71

APPLICATION FOR WIDOW'S INSURANCE BENEFITS*

Form approved.
Budget Bureau No. 72-R0718

If you are applying as a widow, the information you furnish on this application will ordinarily be sufficient for a determination on the lump-sum death payment, without the filing of a separate application. If you are awarded monthly benefits on this application and such benefits continue to age 65, you will be automatically entitled to hospital insurance protection at age 65. In addition, this application form may be used for enrollment in the Supplementary Medical Insurance Benefits plan.

Do not write in this space

AUG 12 1969

SSA DISTRICT OFFICE

NOTICE: Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a $1,000 fine or 1 year of imprisonment, or both.

Enter Name of Deceased Wage Earner or Self-Employed Person.	Enter His Social Security Number.
EDDIE KEY	236 | 10 | 4467
Enter Your Full Name.	**Enter Your Social Security Number** *(If none or unknown, so indicate)*
LOTHA KEY	094 | 12 | 7206

I hereby apply for entitlement to all insurance benefits which may be payable under Title II and Part A of Title XVIII of the Social Security Act, as amended.

1. (a) Have you ever before filed an application with the Social Security Administration for monthly benefits or for hospital or medical insurance?
☐ Yes *(If "Yes," answer (b) and (c).)* ☒ No *(If "No," go on to Question 2.)*

(b) Enter name of person on whose earnings record you filed other application(s).

(c) Enter Social Security number of person named in (b). *(If unknown, so indicate.)* ____ | ____ | ____

PART I — INFORMATION ABOUT DECEASED WORKER

2. Enter the date of birth of the deceased *(Month, Day and Year)*: 7/19/10

3. Enter the date and place of death. *(Month, Day and Year)*: 7/2/69 *(City and State)*: Buffalo N.Y.

4. Enter the name of the state or foreign country where the deceased had his fixed permanent home at the time of his death. → STATE OR FOREIGN COUNTRY: N.Y.

5. • Enter the names and addresses of all the persons, companies or government agencies for whom the deceased worked during the 12 months before death. *(If none, write "None".)*
• If the deceased worked in agricultural employment, give this information for the year of death and the year before.

NAME AND ADDRESS OF EMPLOYER If deceased had more than one employer, please list them in order beginning with last (most recent) employer.	WORK BEGAN		WORK ENDED	
	MONTH	YEAR	MONTH	YEAR
Bethlehem Steel Corp Lackawanna N.Y.	1	68	6	69
(Use "Remarks" space for information about any other employer.)				

6. (a) Was the deceased self-employed this year, last year, or the year before?
☐ Yes *(If "Yes," answer (b).)* ☒ No *(If "No," go on to question (7).)*

(b) Check the year or years in which the deceased was self-employed.	In what kind of trade or business was the deceased self-employed?	Were the deceased's net earnings from his trade or business $400 or more? *(Check "Yes" or "No")*
☐ This Year		☐ Yes ☐ No
☐ Last Year		☐ Yes ☐ No
☐ Year Before Last		☐ Yes ☐ No

7. (a) About how much did the deceased earn from employment and self-employment during the year in which he died? → AMOUNT $ 3000.00

If death occurred this year, answer (b). If not, go on to item 8.

(b) About how much did the deceased earn last year? → AMOUNT $ unfully 7473.24

FORM SSA-10A (1-68)

*This may also be considered an application for survivors benefits under section 5 of the Railroad Retirement Act and for Veterans Administration payments under Title 38 USC, Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).

8. Did the deceased work in the railroad industry at any time on or after January 1, 1937? ☐ Yes ☑ No

9. (a) Was the deceased in active military or naval service after September 7, 1939? ☐ Yes ☑ No 72
If "Yes," answer (b) and (c). If "No," go on to item 10.

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.

(c) Has anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military service, disability, or death of the deceased? ☐ Yes ☐ No
If "Yes," enter name(s) of such person(s) and name(s) of Federal agency(ies).

PART II — MARRIAGE AND RELATED INFORMATION

10. Enter below the information requested about each marriage of the deceased, including his marriage to you.

LAST MARRIAGE OF THE DECEASED	TO WHOM MARRIED: Estelle Cottrell	WHEN (Month, Day, and Year): 5/22/30	WHERE (Enter name of City and State): Birmingham Alabama
	HOW MARRIAGE ENDED: Death	WHEN (Month, Day, and Year): 8/2/69	WHERE (Enter name of City and State): Bessemer, Ala.
PREVIOUS MARRIAGE OF THE DECEASED	TO WHOM MARRIED	WHEN (Month, Day, and Year)	WHERE (Enter name of City and State)
	HOW MARRIAGE ENDED	WHEN (Month, Day, and Year)	WHERE (Enter name of City and State)

(Use "Remarks" space for information about any other marriage.)

11. Check (✓) whether your marriage to the deceased was performed by:
Clergyman ☑ Authorized public official ☐ Other ☐ ..... (Explain)

12. Have you married since the death of the deceased? ☐ Yes ☑ No

13. Enter below the information requested about each of your marriages. Indicate your marriage to the deceased by entering his name; it is not necessary to repeat the other information about this marriage you have already given in item 10. Enter complete information on all other marriages, whether before or after you married the deceased.

YOUR LAST MARRIAGE	TO WHOM MARRIED: Eddie Key	WHEN (Month, Day and Year)	WHERE (Enter name of City and State)
	HOW MARRIAGE ENDED	WHEN (Month, Day and Year)	WHERE (Enter name of City and State)
YOUR PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN (Month, Day and Year)	WHERE (Enter name of City and State)
	HOW MARRIAGE ENDED	WHEN (Month, Day and Year)	WHERE (Enter name of City and State)

(Use "Remarks" space for information about any other marriage.)

Answer question 14 only if you are the widow.

14. (a) Were you and the deceased living together at the same address when the deceased died? ☑ Yes ☐ No

(b) If either the deceased or you were away from home (whether or not temporarily) when the deceased died, give the following:

WHICH WAS AWAY	DATE LAST HOME
☐ DECEASED ☐ SURVIVING SPOUSE	
REASON ABSENCE BEGAN	REASON YOU WERE APART AT TIME OF DEATH

IF HOSPITALIZED, ENTER NAME OF HOSPITAL AND NATURE OF ILLNESS OR DISABLING CONDITION.

Answer question 15 only if you were divorced from the deceased.

15. (a) Was the deceased under a court order to contribute to your support? ☐ Yes ☐ No
(b) Was the deceased contributing to your support? ☐ Yes ☐ No

PART III — INFORMATION ABOUT YOURSELF

16.	Enter your date of birth *(Show month, day, and year).* 10/5/11	Enter the name of the State or foreign country where you were born. Alabama

73

17. Enter your maiden name. Cottrell

18. (a) Are you unable to work because of a disabling condition?
☒ Yes *(If "Yes," answer (b).)* ☐ No *(If "No," go on to item 19.)*

(b) Enter date on which your disabling condition began. → MONTH, DAY, YEAR 6/15/59

If you are age 62 or older, or you will reach age 62 in this month or one of the next 3 months, answer Questions 19 and 20. If not, go on to Item 21.

19. Were you in active military or naval service after September 7, 1939? ☐ Yes ☐ No

20. Did you work in the railroad industry at any time on or after January 1, 1937? ☐ Yes ☐ No

If you are filing ONLY as a disabled widow, omit items 21, 22, 23, 24, and go on to item 25. In all other cases, items 21, 22, 23 and 24 must be answered.

Please read the following information before going on to Item 21.

Some or all of your benefits are not payable if, while under 72, you work for more than the monthly limit in employment (as defined below) or perform substantial services in self-employment in any month, and have earnings in excess of the exempt amount (as defined below) for the taxable year.* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

The *monthly limit* is $125 per month for months in a taxable year ending prior to 1968 and $140 per month for any taxable year ending after 1967. If the taxable year is a calendar year, the $140 amount is effective January 1968.

The *exempt amount* of total earnings which a beneficiary may have without deduction from benefits is $1,500 per year for a taxable year which ends before 1968. It is $1,680 per year for taxable years ending after 1967. If the taxable year is a calendar year, $1,680 is the exempt amount beginning 1968.

As an employee, you count the gross wages (not the take-home pay) you earn during the year, regardless of when the wages are paid to you. As a self-employed person, you count the net earnings from your business (after deducting allowable business expenses).

21. Answer item 21 only if the deceased died before this year.
(a) How much were your total earnings last year? ..... $ ———
If the total in (a) is over the exempt amount, answer (b). If less, omit (b) and (c) and go on to item 22.

(b) Did you earn more than the monthly limit in employment or perform substantial services in self-employment in each month of last year?
☐ Yes *(If "Yes," omit (c).)* ☐ No *(If "No," answer (c).)*

(c) Circle each month of last year in which you did not earn more than the monthly limit in employment and did not perform substantial services in self-employment.
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

22. (a) How much do you expect your total earnings to be this year? (Count all earnings beginning with the first of this year and all anticipated earnings through the end of this year.) .... $ none
If the total in (a) is over the exempt amount, answer (b). If less, omit (b) and (c).

(b) Have you earned more than the monthly limit in employment or performed substantial services in self-employment in each of the months of this year including the present month?
☐ Yes *(If "Yes," omit (c).)* ☐ No *(If "No," answer (c).)*

(c) Circle each month of this year in which you did not earn more than the monthly limit in employment and did not perform services in self-employment.
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you earned more than the exempt amount, if you were under age 72 at least one full month of that year and received some benefit payment for such a month. FAILURE TO REPORT MAY RESULT IN THE LOSS OF ADDITIONAL MONTHLY BENEFITS.

23. Do you agree to file the annual report of earnings when required? ☒ Yes ☐ No

*The yearly period referred to in this and following items is the same 12-month period you use in figuring your income tax. If you use a fiscal year, that is, a taxable year that does not end Dec. 31 (with income tax return due April 15), enter here the month your fiscal year ends. MONTH

(OVER)

24. This application for widow's benefits may be retroactive for as many as 12 months from the date it is filed but not for any month before you reached age 60. If you are under age 63, your application may be for widow's benefits payable at a reduced rate They will continue at a reduced rate even after you reach age 62. If there are any months before you reach age 62 for which you do not wish to claim benefits enter the months here and give your reason.

Notify the Social Security Administration promptly if you remarry. Generally, remarriage will terminate or decrease the amount of the widow's benefit to which you are entitled. Certain exceptions to this general rule are explained in the "Rights and Responsibilities" booklet which you will receive. However, you must report even if you believe an exception applies. The Social Security Administration will advise you what additional information and evidence, if any, is needed and will give you a decision on whether your benefits may continue in the regular amount. If the man you marry is entitled to social security benefits, the Social Security Administration will advise you whether you can receive a higher benefit based on his earnings record.

25. Do you agree to notify the Social Security Administration promptly if you remarry, and to promptly return any benefit check you receive for the month you remarry, and for any later month? ☒ Yes ☐ No

REMARKS *(You may use this space for any explanations. If you need more space, attach a separate sheet.)*

I have remarried to stan a faithful husband, thank
he is trying real hard, I have sent for my school records

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, commits a crime punishable under Federal law, I certify that the above statements are true.

If this application (and, if relevant, the enrollment question below) has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

SIGNATURE *(Write in Ink)*

1. NAME

SIGN HERE ▷ Idatha Key

ADDRESS *(Number and Street, City, State, and ZIP Code)*

MAILING ADDRESS *(Number and Street, P.O. Box, or Rural Route)*
236 CEDAR ST.

2. NAME

CITY AND STATE
BUFFALO N.Y.

ZIP CODE
14204

ADDRESS *(Number and Street, City, State, and ZIP Code)*

DATE *(Month, Day and Year)*
6/14/69

TELEPHONE NUMBER
856-5870

ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE
ERIE

Answer the question below only if you are now AGE 65 or over, or you will reach AGE 65 in this month or one of the next three months.

ENROLLMENT IN THE SUPPLEMENTARY MEDICAL INSURANCE BENEFITS PLAN

Your social security district office will be glad to explain this plan and to give you a leaflet containing information on the physicians' and surgeons' services and other medical services covered, premium amounts, enrollment periods, etc. A request for enrollment cannot be effective unless it is made within one of the enrollment periods specified in the law. If you do not enroll within your initial enrollment period, you may have to pay a higher premium and your coverage will be delayed.

Do you wish to enroll in the supplementary medical insurance benefits plan? (Premium payments will be due. Where possible, these payments will be deducted from your monthly benefit check.)

☐ Yes ☐ No ☐ Undecided ☐ Currently Enrolled

Sign below regarding medical insurance benefits plan.

SIGN HERE ▷ _____

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

75

Form Approved.
Budget Bureau No. 72-R03

STATEMENT REGARDING DISABILITY
(BY WIDOW, WIDOWER, SURVIVING DIVORCED WIFE, OR CHILD)

(Do not write in this space)

AUG 12 1969

SSA DISTRICT OFFICE

NOTICE—Whoever makes or causes to be made any false statement of representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a $1,000 fine or 1 year of imprisonment, or both.

1. Enter name of wage earner or self-employed person	Enter His Social Security Number
EDDIE KEY	236 | 10 | 4467

This statement is filed in connection with a claim for benefits by a disabled person, i.e., widow, widower or child age 18 or over. (If you are the disabled person, answer the questions on this form with respect to yourself.)

2. Enter Full Name of Disabled Person	Enter date of birth of the disabled person *(Show month, day and year)*
IDOTHA KEY	10/5/11

3. (a) Has the disabled person ever had a social security number of his own?

☒ Yes *(If "Yes," complete (b).)* ☐ No *(If "No," go on to item 4.)*

(b) Enter the disabled person's social security number here →	Social Security Number *(If unknown, so indicate)*
	094 | 12 | 7206

Answer Question 4 only if the disabled person is applying for widow's or widower's benefits.

4. (a) Was the disabled widow or widower previously entitled to monthly benefits on the account of the person named in item 1?

☐ Yes *(If "Yes," complete (b).)* ☒ No *(If "No," go on to item 5)*

(b) Enter date benefits ended (or will end) →	Month and Year

5. What is the disabled person's disability? *(Briefly describe the injury or illness that has prevented the disabled person from working.)*

EXHIBIT NO. 4

I have tumors & a back & hip condition.

6. Check the first block which applies to the disabled person.

(a) ☐ Confined in a medical institution other than a general hospital	(d) ☐ Confined in a chair *(Including wheel chair)*
	(e) ☐ None of the above but unable to go outside
(b) ☐ Patient in a general hospital	(f) ☐ Able to go outside but only with help of another person or device
(c) ☐ Confined in bed at home	(g) ☒ Able to go outside without help

7. Enter the date on which the disabling condition began. →	Date *(Month, day, year)*
	6/15/59

FORM SSA-17 (1-68)

(OVER)

8. **Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review the disabled person's claim or continuing disability, any medical records or other information about the disabled person's disability?** ☑ Yes ☐ No

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The events listed below may affect the disabled person's entitlement to benefits. You will find a more complete explanation of what events apply to the disabled person, and how they affect benefits, in the "Rights and Responsibilities" booklet you will receive.

Report the following events:

(a) The disabled person's MEDICAL CONDITION IMPROVES so that he would be able to work, even though he has not yet started to work;

(b) The disabled person GOES TO WORK whether as an employee or a self-employed person;

If the disabled person is now hospitalized, —

(c) The disabled person is DISCHARGED FROM THE HOSPITAL.

9. **Do you agree to notify the Social Security Administration promptly if any of the above events occur?** ☑ Yes ☐ No

Remarks: *(This space may be used for explaining any answers to the questions. If additional space is required, attach a separate sheet.)*

IMPORTANT INFORMATION. PLEASE READ CAREFULLY. — An applicant for widow's, widower's or child's insurance benefits as a disabled person is required to submit medical evidence showing the nature and extent of the disability during the time he (she) is alleged to be under a disability. If such evidence is not sufficient to arrive at a determination, the disabled person may be requested to have an independent medical examination at the expense of the Social Security Administration. Should the Social Security Administration obtain information useful to his physician for treatment, such information may be furnished to the physician upon his request and with consent of the source.

Knowing that anyone making a false statement or representation for use in determining a right to payment under the Social Security Act, commits a crime punishable under Federal law, I certify that the above statements are true.

If this statement has been signed by mark (X), two witnesses who know the person making the statement must sign below, giving their full addresses.

1. Name

Address *(Number and Street, City State and ZIP Code)*

2. Name

Address *(Number and Street, City State and ZIP Code)*

Signature of Applicant *(Write in ink)*

▷ Idotha Key

Mailing Address *(Number and Street, P.O. Box, or Route)*

236 Cedar St.

City and State Buffalo N.Y.

Zip Code 14204

Date *(Month, Day, and Year)* 8/12/69

Telephone Number 856-5770

Enter Name of County (if any) in Which You Now Live

Erie

77

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

GIVE ACCOUNT NO. 236-10-4467
WHEN WRITING ABOUT YOUR APPLICATION TO:
SOCIAL SECURITY DISTRICT OFFICE
Buffalo, NY

January 21, 1970

Mrs. Idotha Key
236 Cedar St.
Buffalo, NY 14204

Dear Mrs. Key:

We have determined that you are not entitled to disability benefits.

If your condition should worsen, you should write or call at your social security office about filing another disability application. The last day of the specified 7-year period in your case for meeting the disability requirement is October 31, 1971.

If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make any such request through any social security office. If additional evidence is available, you should submit it with your request.

If you have not already been informed about the determination made on your other disability application, you can expect to be notified shortly.

Should you have any questions about your claim, please get in touch with any social security office. If you call in person, please take this notice with you.

Sincerely yours,

F. H. Sheel
Director, Division of Evaluation
and Authorization
Bureau of Disability Insurance

Enclosure:
SSI-58

DCI NO. _____
CASE NO. 5

PLEASE READ THE OTHER SIDE OF THIS LETTER FOR IMPORTANT INFORMATION

SSA-L606.8 (6-68)

REPORT OF CONTACT
(USE INK OR TYPEWRITER)

ACCOUNT NUMBER (and symbol) 236-10-4467.

TO: REVIEWING OFFICE NY P BIR CH SF DBS KC DFC SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: Eddie Kay. 78

PERSON(S) CONTACTED AND ADDRESS(ES): ☐ WE OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE: ☐ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE: ☐ OTHER (Specify)

DATE OF CONTACT 2/10/76

SUBJECT:

Claimant had denial letter dated 1/21/76.

She feels there is no kind of work of any kind she could do. In spite of medication she has some pain at all the time. Her right arm & shoulder practically gives her trouble and the fingers of her right hand are numb most of the time and her fingers do not have enough strength to handle pots & pans & dishes which she often does. Skin rashes seem to be extending up her right arms. Even if she is able to overcome pain for short periods in order to do some needed chores around the home, she is not capable beyond the other bad a skin problem might become of the acute pain.

She understands she does not have coverage on her own account.

6

SIGNATURE /s/ [illegible]

DISTRICT OFFICE [illegible] Binghamton, New York 13902

☒ CR ☐ FR ☐ SR ☐ CLAIMS CLERICAL ☐ OTHER (Specify)

DATE OF REPORT

PAGE OF

FORM SSA-5002 (2-68)

GPO : 1969—648—16—60333-1 329-625

DO NOT WRITE IN MARGIN

Form Approved.
Budget Bureau No. 72—R552.2

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

REQUEST FOR RECONSIDERATION

SOCIAL SECURITY ACCOUNT NUMBER: 236-10-4467

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: EDDIE KEY 79

NAME OF CLAIMANT: IOOTHA KEY

CLAIM FOR (Specify type, for example, retirement, disability, etc.): WIDOW'S DISABILITY

70 APR 20 NY 10: 10

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are::

MY CONDITION HAS STEADILY GOTTEN WORSE. I HAVE TO TAKE MEDICINE ALL THE TIME TO MAKE IT POSSIBLE TO HANDLE THE PAIN IN MY RIGHT ARM & SHOULDER AND IN MY BACK & HIP & KNEE. I CAN ONLY WORK SLOWLY IN MY OWN HOME DOING MY OWN HOUSEWORK FOR LESS THAN AN HOUR AT A TIME BEFORE I HAVE TO STOP BECAUSE OF PAIN. I CAN'T PERFORM SOME MOVEMENTS AT ALL. EVEN SITTING SOMETIMES BRINGS ON THE PAIN IN SPITE OF THE MEDICINE. THERE IS NO WAY I CAN GO BACK TO WORK.

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence: (If none, write "None.")

REPORT FROM DR A. STEIN

SIGNATURE OF WITNESSES ONLY

If this request has been signed by mark (X), two witnesses who know the person requesting reconsideration must sign below, giving their full addresses.

1. NAME

ADDRESS (Number and Street, City, State and Zip Code)

2. NAME

ADDRESS (Number and Street, City, State and Zip Code)

SIGNATURE (Write in Ink-First, Middle Initial, Last Name)

Isiah Key

MAILING ADDRESS (Number and Street, P.O. Box or Route)

236 CEDAR ST.

CITY AND STATE: BUFFALO NY

ZIP CODE: 14201

DATE (Mo., Day, and Year): 2/10/70

TELEPHONE NUMBER: 856-5880

FOR OFFICE MAKING DETERMINATION:
☐ State Agency (Route with disability folder)
☐ Payment Center _____
☐ BDI, Balto.
☐ Division of Foreign Claims, Balto.
☐ BDPA Attn: CWAB, Balto.

FORM SSA-561 (10-67)

Note: Take or mail completed copies to District Office, Social Security Administration.

OI:I
236-10-4467

Mr. Aaron Goldfarb, Assistant Attorney
Civil Case Division
The Legal Aid Bureau of Buffalo, Inc.
310 Walbridge Building
43 Court Street
Buffalo, New York 14202

MAY 27 1970

Dear Mr. Goldfarb:

Secretary Finch has asked me to reply to your letter about the social security record of Mrs. Idotha Key.

The appropriate members of my staff are giving the matter attention, and we will be in touch with you again as soon as possible.

Sincerely yours,

Robert M. Ball
Commissioner of Social Security

CASE
EXHIBIT NO. 8
t577

THE LEGAL AID BUREAU OF BUFFALO, Inc.
FOUNDED 1912
310 WALBRIDGE BUILDING
43 COURT STREET
BUFFALO, N. Y. 14202

AC 716 - 853-9555

CIVIL CASE DIVISION
APPEALS DIVISION

PUBLIC DEFENDER
NEIGHBORHOOD LAW OFFICES

LAW GUARDIAN
HABEAS CORPUS DIVISION

81

Please refer to our
File No. 35330

May 18, 1970

Mr. Robert H. Finch, Secretary of
Health, Education and Welfare
Washington, D. C. 20000

Re: Idotha Key
Account No. 236-10-4467

Dear Mr. Finch:

This office represents the above mentioned, Idotha Key, whose disability claim under the Social Security Act has been denied.

Mrs. Key came to this office after the denial. With a view toward appeal or application for reconsideration, I wrote to Mr. F. H. Sheel of the Social Security Administration at Baltimore, Maryland, requesting among other things, the specific reason for the denial. Enclosed herewith are copies of my letters to Mr. Sheel, dated February 27, 1970, March 30, 1970 and April 21, 1970.

The only reason for my writing to you is that I am trying to save the $18.00 it would cost Mrs. Key to file for a Writ of Mandamus. She is a 58 year old widow. In addition, I find it difficult to believe that it is the policy of the Department of Health, Education and Welfare or the Social Security Administration, as such, to allow letters of inquiry concerning existing cases to go unanswered.

Very truly yours,

Aaron Goldfarb

Aaron Goldfarb
Assistant Attorney
Civil Case Division

AG/bn

Enclosures

THE LEGAL AID BUREAU OF BUFFALO, Inc.
FOUNDED 1912
310 WALBRIDGE BUILDING
43 COURT STREET
BUFFALO, N. Y. 14202
AC 716 - 853-9555

CIVIL CASE DIVISION
APPEALS DIVISION
PUBLIC DEFENDER
NEIGHBORHOOD LAW OFFICES
LAW GUARDIAN
HABEAS CORPUS DIVISION

STATE OF NEW YORK
DEPARTMENT OF SOCIAL WELFARE
'70 MAY 11 AM 10:33
BUREAU OF DISABILITY DETERMINATIONS

Please refer to our File No. 35330

April 21, 1970

Department of Health, Education and Welfare
Social Security Administration
Baltimore, Maryland 21241

Attention: Mr. F. H. Sheel

Re: IDOTHA KEY
Account No. 236-10-4467

Gentlemen:

This office wrote to you on February 27, 1970 and March 30, 1970 with regard to the above named person. Enclosed herewith are copies of our previous letters.

Please be advised that should you fail to reply hereto within ten days from this date, legal proceedings will be commenced to compel you to make full disclosure in the aforementioned matter.

Very truly yours,

Aaron Goldfarb

Aaron Goldfarb
Assistant Attorney
Civil Case Division

AG/js

Enclosures

DEPARTMENT OF HEALTH, EDUCATION & WELFARE
SOCIAL SECURITY ADMINISTRATION
'70 MAY 11 AM 10 33
DISABILITY DETERMINATIONS

March 30, 1970

Department of Health,
Education and Welfare
Social Security Administration
Baltimore, Maryland 21211

Attention: Mr. F. H. Shael

Re: [illegible]
[illegible] No. 236-10-1467

Dear Mr. Shael:

On February 27, 1970, we wrote to you requesting the reason for Idotha Jay's disability claim being denied. A copy of our letter of said date is herewith enclosed.

Thank you for your cooperation herein.

Very truly yours,

Aaron Goldfarb
Assistant Attorney
Civil [illegible] Division

AG/ap

Enclosure

STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
'70 MAY 11 AM 10:33
35330
BUREAU OF
DISABILITY DETERMINATIONS

February 27, 1970

Department of Health,
Education, and Welfare
Social Security Administration
Baltimore, Maryland 21241

Attention: Mr. F. H. Sheel

Re: IDATHA KEY
Your Account No. 236-10-4167

Dear Mr. Sheel:

This office represents the above mentioned Idatha Key. Could you please inform us as to the specific reason for her disability claim be denied. If it is possible, we would also appreciate copies of any exhibits that were entered in her case.

Very truly yours,

Aaron Goldfarb
Assistant Attorney
Civil Case Division

AG/ep

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

BUREAU OF
DISABILITY INSURANCE

REFER TO:
DI:R:10
236-10-4467

JUNE 11 1970

Mrs. Idotha Key
236 Cedar Street
Buffalo, New York 14204

Dear Mrs. Key:

This is to advise you that we have not completed our reconsideration of your claim for disability benefits. After carefully reviewing the evidence in your case, we believe that additional evidence is needed to be certain that your claim is given every consideration under the law. Your assistance may be needed in obtaining this information. If you are contacted in this regard, your prompt cooperation will help to expedite the handling of your claim.

We assure you that every effort is being made to complete the reconsideration of your claim as quickly as possible. When a decision has been reached, you will be promptly notified.

Sincerely yours,

John E. Bluett

John E. Bluett
Director, Division of Reconsideration

cc:
Mr. Aaron Goldfarb
Assistant Attorney
Civil Case Division
The Legal Aid Bureau of Buffalo, Inc.
310 Walbridge Building
43 Court Street
Buffalo, New York 14202

DIST NO.
COUNCIL NO. 9

Put part to DPD
To remove these
contacts 6/22/70

FORM SSA-L412

THE LEGAL AID BUREAU OF BUFFALO, Inc.

FOUNDED 1912
310 WALBRIDGE BUILDING
43 COURT STREET
BUFFALO, N. Y. 14202

AC 716-853-9555

June 15 sent in for remainder Distributive Shares
130-6421
06758

June 15, 1970

Mrs. Patricia Reilly Hitt
Department of Health, Education and Welfare
Room 5700 North Building
330 Independence Avenue
Washington, D. C. 20201

Dear Mrs. Hitt:

Greetings from the Barrells of Buffalo who still remember with pleasure your visit this spring. The word is still going around that the meeting was the best ever and Brix has been doing her utmost to avoid the presidency of Zonta. I hope she succeeds.

One of our staff attorneys has been handling a matter for Mrs. Idetha Key, Social Security number 236-10-4467, who has been denied disability payments by the Baltimore Office of Social Security Administration. We have attempted to find out the basis for the denial, but Baltimore refuses to answer our inquiries.

Under date of May 27, 1970, Commissioner Robert M. Ball wrote Aaron Goldfarb that he would try to get information for us, but still there is no word.

Mrs. Key is a respectable lady who has worked hard for her whole life and her doctor assured us that she is not a malingerer. She receives regular treatments for a debilitating arthritis and is unable to work steadily as a domestic or factory worker.

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SALVATORE A. PALLADINO
Project Director

Mrs. Patricia Reilly Hitt June 15, 1970

From your exalted position, could or would you try to knock this loose so that we would have enough information to appeal from the ruling. The only communication we have had from Baltimore was the ruling dated January 21, 1970 issued by F. H. Sheel, Director, Division of Evaluation and Authorization, Bureau of Disability Insurance. We are getting frustrated by the silence that meets our inquiries and we also feel strongly that Mrs. Key has a meritorious claim.

I apologize for bothering you but you did, perhaps foolishly, offer your good services if we ever needed them.

Again, best wishes from Brix and myself.

Sincerely,

Nathaniel A. Barrell
Executive Attorney

NAB/js

Civil 24-30102 88

THE LEGAL AID BUREAU OF BUFFALO, Inc.

FOUNDED 1912

310 WALBRIDGE BUILDING
43 COURT STREET
BUFFALO, N. Y. 14202

AC 716 - 853-9555

Please refer to our File No. 35330

CIVIL CASE DIVISION
APPEALS DIVISION

PUBLIC DEFENDER
NEIGHBORHOOD LAW OFFICES

LAW GUARDIAN
HABEAS CORPUS DIVISION

June 18, 1970

Mr. F. H. Sheel, Director
Division of Evaluation and Authorization
Bureau of Disability Insurance
Department of Health, Education & Welfare
Social Security Administration
Baltimore, Maryland 21241

Re: Idotha Key
Your Account No. 236-10-4467

Dear Mr. Sheel:

This is to formally protest the fact that our client, the above mentioned Idotha Key, was forced to apply for reconsideration of her disability claim without having been given the reason for the denial of her claim, and without having been given access to the exhibits and other evidence in her case.

At the very least, this would prejudice the applicant in her right to make as thorough an application as possible.

Very truly yours,

Aaron Goldfarb

Aaron Goldfarb
Assistant Attorney
Civil Case Division

AG/bn

cc: Mr. William P. Gleason, Manager
Social Security Administration
120 West Mohawk Street
Buffalo, New 14202

...through poverty cannot procure legal assistance...

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

NOV 24 1970

DI:R:1C
236-10-4467

The Legal Aid Bureau of Buffalo, Inc.
Attention: Mr. Aaron Goldfarb
Assistant Attorney
310 Walbridge Building
43 Court Street
Buffalo, New York 14202

Gentlemen:

This is in reference to Mrs. Idotha Key's application for disability insurance benefits.

A copy of the notice of the reconsideration determination in Mrs. Key's case is enclosed. The letter explains the basis of our decision and informs Mrs. Key of her right to request a hearing before a hearing examiner of the Bureau of Hearings and Appeals if she believes the determination is not correct. At a hearing she can appear in person, submit any additional evidence, bring witnesses in her behalf and be represented by counsel.

If Mrs. Key or you, as her representative have any questions or wish to request a hearing, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit the office, however, please take this letter with you.

Sincerely yours,

Robert J. Duvall
Director, Division of Reconsideration

Enclosure

JBock:djs 11-19-70

CASE NO.
EXHIBIT NO. 12

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

19-72213-1 GPO

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

BUREAU OF
DISABILITY INSURANCE

REFER TO:

NOV 24 1970

III:R:1C
235-10-4467

NOTICE OF RECONSIDERATION DETERMINATION

Mrs. Idotha Key
236 Cedar Street
Buffalo, New York 14204

Dear Mrs. Key:

In view of your request for reconsideration, all the information about your claim has been carefully evaluated. It has been determined that the previous decision was proper under the law.

You stated that you became disabled in January 1969 because of hand ills and a back and hip condition. The recent evidence includes reports from treating and attending physicians and the results of special examinations arranged for you.

Physical examinations reveal [illegible] of limitation. Although there is X-ray evidence of arthritic [illegible] in your right [illegible] and knee, you retain the full range of motion in most joints. You are able to sit, to tolerate mild standing and walking and to perform most of the physical movements commensurate with persons in your age group. No other condition was found which would materially interfere with your activities. Therefore, it is determined that your impairments are not severe enough to meet the disability requirements of the law.

If you believe that the reconsideration determination is not correct, you may request a hearing before a [illegible] of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You may make this request through your social security office. Send the enclosed booklet HA-1 for a full explanation of your right to appeal.

Robert J. Ferrell
Director, Division of Reconsideration

Enclosures (2)

Copy sent to Mr. Aaron Goldfarb
Assistant Attorney

JBeck:djs 11-19-70

ADDITIONAL INFORMATION ABOUT YOUR RECONSIDERATION DECISION

Who reviewed your claim

Your claim was thoroughly re-evaluated by a physician and a disability examiner in your State agency which works with us in making disability determinations. This new evaluation was then independently reviewed in the Social Security Administration.

What is the disability requirement

A widow, widower or surviving divorced wife may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lasted or be expected to last for a continuous period of at least 12 months.

Findings of other government and private agencies regarding disability as well as the conclusions of attending physicians are carefully considered in reaching a determination as to whether or not a person is disabled for social security purposes. To be eligible under social security, however, the disability requirements specified in the Social Security law must be met.

What are your further rights

If you disagree with this reconsideration decision, you may request a hearing as explained in this letter. (This is not a decision as to whether benefits will be payable to you at retirement age.)

If your condition should get worse, you should get in touch with your social security office about whether you could be entitled to disability benefits.

The people at your social security office will be glad to answer any questions you may have.

Idotha Key
236-10-4467W

January 16, 1971

Telephone: 842-2037

The Legal Aid Bureau of Buffalo, Inc.
310 Walbridge Building
43 Court Street
Buffalo, New York 14202

ATTN: Aaron Goldfarb, Asst. Attorney
Civil Case Division

Dear Mr. Goldfarb:

As we discussed in our telephone conversation, the claims file of Idotha Key is now in this office and available for your inspection.

Regulations I of the Social Security Act prohibits the inspection of the file by the claimant herself at this point.

I will hold the file for ten days from the date of this letter so that you may inspect it. If you are unable to arrange such an inspection within the ten days, please telephone me.

Sincerely yours,

Richard M. Reilly
Operations Supervisor

RMR:wm

ADY Reviewed File & Will File Hearing In The Future Per Phone Conv. with R Reilly

MM

B

Form approved.
Budget Bureau No. 72-R442.3.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

93

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY ACCOUNT NUMBER
Eddie Key	236-10-4467

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a $1,000 fine or 1 year of imprisonment, or both.

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that—

The Legal Aid Bureau of Buffalo, Inc. represents Martha Key, claiming disability benefits through the above wage earner, and the Legal Aid Bureau has been receiving from the legal fees to which it may be entitled in such representation.

Aaron Goldfarb
Assistant Attorney
Civil Case Division

Form SSA-795 (11-66) (Formerly OA-C795) (OVER)

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CIVIL CASE DIVISION
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HABEAS CORPUS DIVISION

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Please refer to our
File No. 35330

January 13, 1971

Social Security Administration
560 Main Street
Buffalo, New York 14202

Attention: Mrs. Dietsch

Re: IDOTHA KEY
236 Cedar Street
Buffalo, New York
Soc. Sec. # 236-10-4467

Gentlemen:

At this date we still have not received word from you that the records regarding Mrs. Key's disability claim are available for our inspection as you said they would be in our telephone conversation of December 8, 1970.

Accordingly, please be advised that unless said records are made available to us within ten days from date hereof, we shall immediately proceed to take the necessary legal steps to compel disclosure of those records.

Very truly yours,

Aaron Goldfarb
Assistant Attorney
Civil Case Division

AG/js

cc: Mrs. Idotha Key

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Object — To give legal aid gratuitously, if necessary, to all who may be worthy thereof, and who through poverty cannot procure legal assistance elsewhere

OA-C794 (8-68)

EARNINGS CERTIFICATION — O.A. DETERMINATION

ACCOUNT IDENTIFICATION

ACCOUNT NUMBER	NAME	DATE OF BIRTH MO.	DAY	YR.	EST.	SEX
1[illegible]	KEY	08	19	10		M

PERTINENT DATES

FILING MO.	DAY	YR.	DEATH MO.	DAY	YR.	ONSET MO.	DAY	YR.	W.O. ELECT MO.	YR.
09	12	69	08	02	69					

MILITARY SERVICE DATES — FROM: TO:

WORK DED AND SUSPENSION INFORMATION

YR.	AMOUNT	SERVICE MONTHS

BOPA CAUTION SIGNALS

LA	D	X	NH MVE	CR IND EN	CR IND QC	SE AG INV	EDP CODES	1 0 0	FB IND	181	OTHER
		X					11792 16			EA	11

TYPE OF ACTION: SUR

BLOCK NUMBER: 1A36068 N

BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB. E/Y EXCL.	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

SELECTED EDP BENEFIT COMPUTATION AND TRIAL-COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	MS MOS INCL	PIA RETRO	PIA CURR
65	1951	1969	66273.29		51-68	156				159.40

RED MOS | REDUCED BENEFITS

I CERTIFY THAT THE BENEFIT DATA IN BLOCKS 2, 3, AND 6 ARE CORRECT ACCORDING TO THE LAW ON THE BASIS OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD.

WILLIAM E. HANNA, JR.
DIRECTOR

DATE 8-25-69 BY R. Snow

CORRECTIONS IN BLOCKS 3 AND 6

EARNINGS RECORD DATA

QUARTER OF COVERAGE TESTS — QC AND EARNINGS TOTALS

MAX QC	FIRST ELIG	MAX QC	TOT SE QC	TOT AG QC	OASI QC AFTER 65	OASI QC AFTER 71	TOTAL EARNINGS AFTER 1936	TOTAL EARNINGS AFTER 1950
40					05	69	116758.09	84449.33

YR	EARNINGS	V	QC	SM	YR	EARNINGS	V	QC	SM	SE	AG	YR	EARNINGS	V	QC	SM	I	AG
46												59	4127.98		CCCC		0	0
49												60	4800.00	H	CCCC		0	0
50												61	4800.00	H	CCCC		0	0
51	3963.82				0							62	4800.00	H	CCCC		0	0
52	3291.84				0							63	4800.00	H	CCCC		0	0
53	3600.00		CCCC		0							64	4800.00	H	CCCC		0	0
54	3600.00		CCCC		0							65	4800.00	H	CCCC		0	0
55	4220.50	H	CCCN		0	0						66	6600.00	H	CCCC		0	0
56	4200.00	H	CCCC		0	0						67	6600.00	H	CCCC		0	0
57	4200.00	X	CCCC		0	0						68	7473.29	H	CCCC		0	0
58	4200.00	X	CCCC		0	0						69			[illegible]		0	0

AUXILIARY OR SURVIVOR BENEFIT DATA

DATE	MONTH	RELATIONSHIP	SSA ACCOUNT NUMBER	STAT	COMP CUM	FAMILY COMPUTATION

PERTINENT RRB INFORMATION

NAME	DB MO	DB YR	YLD	1937 TO DATE SM	1937 TO DATE COMPENSATION	GROSS RESIDUAL

IN	120	ANN	RNEL	H LM	PP 90	OTHER

BOPA REMARKS

☐ LAG QC PRESUMED FOR _____

PRIOR ACTION ☐ OASI ☐ DISABILITY

TO _____ DATE _____

☐ SEE SCOUT REPORT ATTACHED

EXHIBIT 16

DO, PC OR BDI REMARKS

RD0819

95

DO, PC OR BDI CORRECTED BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR CD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

EVALUATION OF FAMILY BIBLE OR SIMILAR FAMILY RECORD 96

This form must accompany any 704 certification of a family Bible or similar family record

Wage Earner Eddie K[illegible]
Claim Number 226-10-[illegible]
Claimant (if not the w/e) IDOTHA KEY

I. Claimant's allegation as to:
A. Who has had custody of record over the years? Idotha's father still alive — at Lewistown, Ala. - Father can read & write but did not make entries.
B. Who made the entry? unknown.
C. When was the entry made? unknown.
D. Basis for knowledge or belief: has no basis for knowledge or belief

II. Examination of the record:
A. Indicate date of Publication or last copyright date of the Bible or similar family record: [illegible]

B. Judging by handwriting of entries, do they appear to have been made by the: (1) same person yes
(2) at the same time [illegible] If no, explain in remarks.

C. If photocopy cannot be submitted, give following information:
(1) Are entries arranged chronologically(describe)? [illegible] shows

(2) Give name and dated before and after entry for claimant.

D. Is there any evidence of erasures, alterations, etc.? (If yes, describe). no

E. Indicate method of entry, i.e., handwritten, printed, etc. Also, if record made in pen and ink, pencil, etc.

F. Is the entry faded? no.

G. Describe condition of paper (yellow, brittle, etc.) and condition of book. - good. white

H. Does the relevant entry appear to be an old or more recent entry? unknown

III. Probative value of record:
A. Acceptable [illegible] B. Unacceptable _____ (Explain)
[illegible] age is average Bible
appeared about 1910 -- all the marriage records & divorce
IV. Remarks: [illegible] - however it is apparent from old divorce
of date that old person added 1931 more children
[illegible] Each Person

Date 10/2/69. which ended in 1934. Signature [illegible]

Title

SSAD: Buffalo, New York 11:202

236-10-4467
97

WHAT GOD HAS JOINED TOGETHER LET NOT MAN PUT ASUNDER



This is to Certify

that Mr. Henry Coffman

of Uniontown Ala.

and Miss Clara Burnett

of Safe Sta. Ala.

WERE UNITED

BY THE BONDS OF MATRIMONY

At Shaw Leaf Church on the 15 day of

Dec in the year of our Lord 19 16

Signed

BEST COPY OBTAINABLE

236-10-4467 98

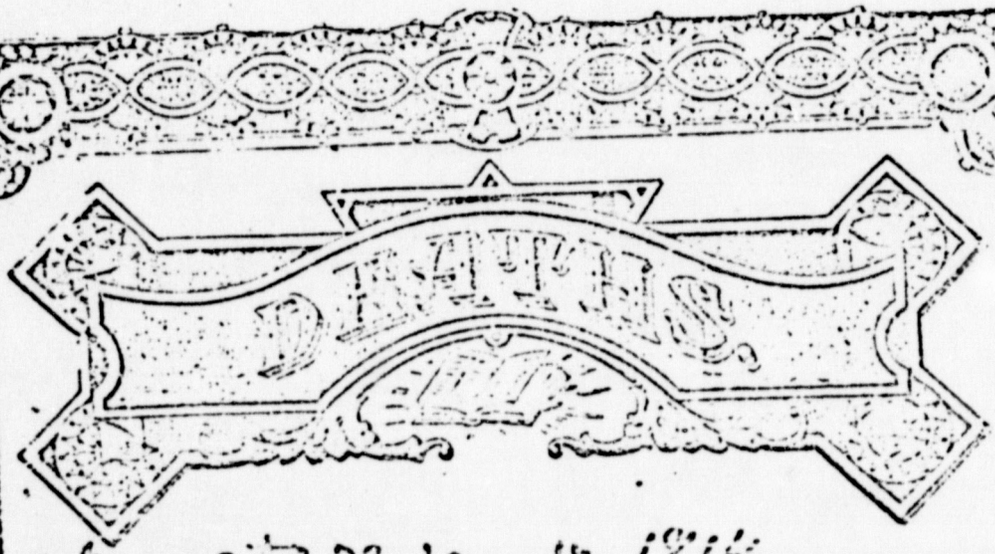


Nov 1891

1924

236-10-4467

99



Mrs. Ida Howell 1914

Elijah Bell Sept 1900

Jane Chalkley 1915

Clara Burnett Sept 5 1933

Wm. Burnett May 7 1933

Ella Cattell June 1933

Lydia Cattell Feb 1934

Caroline Smith May 5. 1934

Josephine Cattell May 5. 1934

Edna Hyre Dec. 1934

Sarah Hyre June 1934

Hattie Cattell 1935

Clara Cattell Sept. 22, 1959

Lucy A. Hall Feb. 12, 1957

10m

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CERTIFICATION OF CONTENTS OF DOCUMENT(S) OR RECORD(S)

(This form must be executed by authorized employees of the Social Security Administration)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: EDDIE KEY

SOCIAL SECURITY NUMBER: 236-10-4417

Every item in a block must be filled out with EXACT EXCERPTS from the document certified or the item must be marked "NS" or "not shown." If the date on which an entry was made in a family record is "not shown," indicate under "Remarks" any allegation as to when the document or record was established. Include any other pertinent information shown on the document under "Remarks." Cross out all unused blocks (e.g., if a certification is made only in block "A1," cross out "A2," "B," "C," and "D.")

A. AGE, RELATIONSHIP OR CITIZENSHIP OF:

1. NAME OF PERSON AS SHOWN ON EVIDENCE: IDOTHA M. COTTRASS

DATE OF BIRTH: 10/5/11

PLACE OF BIRTH: N.S

AGE ☐ NOT SHOWN

BIRTHDAY AGE SHOWN ☐ LAST ☐ NEXT ☐ NEAREST ☐ NOT GIVEN

DATE RECORDED: not shown. ☐ NOT SHOWN

NAME OF FATHER ☒ NOT SHOWN | AGE

NAME OF MOTHER ☒ NOT SHOWN | AGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS: ☒ APPLICANT

NATURE OF EVIDENCE: Copy from death record of family Bible

NAME AND ADDRESS OF ISSUING AGENCY: ☐ CUSTODIAN applicant

DATE DOCUMENT ISSUED (If certificate from a Bible, give date of publication): no publication date shown

DOCUMENT NO.: X

2. NAME OF PERSON AS SHOWN ON EVIDENCE

DATE OF BIRTH

PLACE OF BIRTH

AGE ☐ NOT SHOWN

BIRTHDAY AGE SHOWN ☐ LAST ☐ NEXT ☐ NEAREST ☐ NOT GIVEN

DATE RECORDED ☐ NOT SHOWN

NAME OF FATHER ☐ NOT SHOWN | AGE

NAME OF MOTHER ☐ NOT SHOWN | AGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS ☐ APPLICANT

NATURE OF EVIDENCE

NAME AND ADDRESS OF ISSUING AGENCY ☐ CUSTODIAN

DATE DOCUMENT ISSUED (If certificate from a Bible, give date of publication)

DOCUMENT NO

B. MARRIAGE OF:

NAME OF HUSBAND AS SHOWN ON EVIDENCE

PREVIOUS MARRIAGES (0, 1, 2, etc.) ☐ NOT SHOWN

DATE OF BIRTH | AGE

BIRTHDAY AGE SHOWN ☐ LAST ☐ NEXT ☐ NEAREST ☐ NOT GIVEN

NAME OF WIFE AS SHOWN ON EVIDENCE

PREVIOUS MARRIAGES (0, 1, 2, etc.) ☐ NOT SHOWN

DATE OF BIRTH | AGE

BIRTHDAY AGE SHOWN ☐ LAST ☐ NEXT ☐ NEAREST ☐ NOT GIVEN

NATURE OF EVIDENCE ☐ MARRIAGE CERTIFICATE

PLACE OF MARRIAGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS: ☐ APPLICANT

DATE OF MARRIAGE

NAME AND ADDRESS OF ISSUING AGENCY ☐ CUSTODIAN

DOCUMENT NO

CASE NO. 69

C. DEATH OF:

NAME OF DECEASED AS SHOWN ON EVIDENCE

DATE OF DEATH

CAUSE OF DEATH

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS: ☐ APPLICANT

NATURE OF EVIDENCE ☐ DEATH CERTIFICATE

NAME AND ADDRESS OF ISSUING AGENCY ☐ CUSTODIAN

DOCUMENT NO

FORM SSA-704 (1-62)

(OVER)

101

D. SERVICE IN U.S. ARMED FORCES OF:

NAME OF PERSON AS SHOWN ON EVIDENCE	DATE OF BIRTH OR AGE	DATE BIRTH OR AGE RECORDED

RANK	BRANCH (Army, Navy etc.)	SERIAL NO.	NATURE OF EVIDENCE	☐ ORIGINAL DISCHARGE

DATE ENLISTED OR INDUCTED	DATE ENTERED ACTIVE DUTY	DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY

MEANS OF ENTRY INTO SERVICE: ☐ INDUCTED ☐ CALLED FROM INACTIVE DUTY ☐ ENLISTED ☐ RE-ENLISTED ☐ COMMISSIONED

CHARACTER OF DISCHARGE: ☐ HONORABLE ☐ OTHER (Describe)

REASON AND AUTHORITY FOR SEPARATION: ☐ NOT SHOWN

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS: ☐ APPLICANT

NAME AND ADDRESS OF ISSUING AGENCY, COMPANY, ETC. ☐ CUSTODIAN	DATE DOCUMENT ISSUED	DOCUMENT NO.

E. REMARKS:

NOTE:—Do not use this form to abstract from any court order (e.g., divorce, annulment and adoption decrees, etc.)

Family Bible is large - illustrated - No publication date shown.

F. AUTHENTICATION OF DOCUMENT(S) OR RECORD(S) DESCRIBED ABOVE.

1. Are the entries free from erasures, interlineation, or other alterations and does the general appearance of the document or record satisfactorily establish its authenticity? ☑ Yes ☐ No

- If your answer is "No," or if the entries (in the case of original records) do not appear to have been made at the time the record was purportedly established, or if you believe there is any other reason to doubt the validity of the record or entries, give a complete explanation under "Remarks." Identify the document or record involved.

2. If a foreign document or record described above was submitted by a claimant who lives outside the United States, does the document or record bear the verification stamp of a Foreign Service Post? ☐ Yes ☐ No

3. If document is in a foreign language and a photocopy of the original document does not accompany this translation, explain below:

☐ Document too large to photocopy
☐ Document cannot be photocopied because _____

PREPARED BY (Signature)	DISTRICT OFFICE (or other SSA office)
L Emil Mezger	Buffalo NY

4. If "Prepared By" has not been signed, explain:
☐ Contact away from DO—Would not surrender document even temporarily.
☐ Certification direct from public or church record. ☐ Other (explain in "Remarks")

5. CERTIFICATION. I have personally examined the documents and records described above and CERTIFY their contents in connection with an application for insurance benefits under Title II and/or Title XVIII of the Social Security Act, as amended. Unless otherwise stated, all the entries herein are exact excerpts from such documents or records.

CERTIFIED BY (Signature of authorized employee of the Social Security Administration)	DATE
Sebastian P Moretti	10/1/69

OFFICIAL TITLE

☐ CLAIMS REPRESENTATIVE ☐ FIELD REPRESENTATIVE ☐ AUTHORIZED _____ (language) TRANSLATOR ☐ OTHER (Specify)

102

236-10-4467

MARRIAGE LICENSE

The State of Alabama

To any Licensed Minister of the Gospel in regular communion with the Christian Church or Society of which he is a member or Judge of the Supreme, Circuit or Cag Court, or Chancellor within this State or Judge of Probate or Justice of the Peace within this County, or the Pastor of any religious society, according to the rules ordained or custom established by such society.

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE

MARRIAGE BETWEEN

Mr Eddie Key

AND

M Idoth: Cottrell

and to join them together in Matrimony, and to certify the same in writing to this office as required by law.

Given under my hand, this 22nd day of May 19 30

D.B.Borden

JUDGE OF PROBATE

This Certifies That I have solemnized Marriage between Mr Eddie Key and M Odoth: Cottrell according to law at Uniontown, Ala. in said County and State on the 22nd day of May 19 30

Rev. Robt Banks, Uniontown, Ala.

This Certificate must be filled out by party who marries this Couple and returned to Judge of Probate within Ten days, Fifty Dollars Fine For Failing To Do So.

I D.B.Borden Judge of Probate in and for said County, in said State, do hereby certify that the foregoing is a true and correct copy of Marriage License issued by the Judge of Probate of said County to Eddie Key and Idoth: Cottrell on the 22nd day of May 19 30, with the certificate of Rev. Robt. Banks who performed the Marriage Ceremony, as same appears in Marriage Record G Page 138, in my office. Given under my hand and official seal, this 6th day of Sept. 19 36.

D.B. Borden

JUDGE OF PROBATE

103

OFFICE OF
THE DIRECTOR

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON, D.C. 20233

mn 4-071-592
September 5, 1969

Re: Idotha Key
236 Cedar St.
Buffalo, N. Y. 14204

Social Security Adm.
120 W. Mohawk
Buffalo, N. Y. 14202

Your reference:
Eddie Key
236-10-[illegible]

The following information, including spelling of name, relationship, age, etc., is an EXACT COPY of the census record as reported by the census taker on the original schedule.

Census of 1920, taken as of January 1

County Perry State Alabama

Name	Relationship	Age	Place of birth	Citizenship
Cotrell, Idotha	Daughter	7	Alabama	
enumerated in the family of Gaston and Clarice Cotrell				
				20



Bureau of the Census

The above information is furnished in accordance with Title 13, United States Code, Section 8.

The Bureau of the Census does not issue birth certificates, but this record is often accepted in place of one.

BC-655 (1-31-67)

U. S. GOVERNMENT PRINTING OFFICE: 1968 O - 311-361

ANY ALTERATION VOIDS THIS TRANSCRIPT

REPORT OF CONTACT
(USE INK OR TYPEWRITER)

ACCOUNT NUMBER (and symbol) 236-10-4467 10A

TO: REVIEWING OFFICE — NY P BIR CH SF DBS KC DFC SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: Ezekiel Ky.

PERSON(S) CONTACTED AND ADDRESS(ES): ☐ WE OR SE PERSON ☐ OTHER (Specify)

Purpose - To establish DOB & Date of Death

CONTACT MADE: ☐ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE: ☐ OTHER (Specify) — DATE OF CONTACT

SUBJECT:

We are establishing 10/5/13 as DOB's date of birth per 1/1/20 Federal Census - Acct 7.

This is nothing other than a case.

Best of average is in file.

Bible record - 10/5/11 can be presumed no earlier recorded than 1931. Therefore our DOB decision is unchanged.

Age 7 - 1/1/20 was obviously given by parents & is extremely probative

EL

10/5/17

SIGNATURE: Earl Vaughn

DISTRICT OFFICE: Ft. Lee, Va.

☐ DA ☐ FR ☐ SO ☐ CLAIMS CLERICAL ☐ OTHER (Specify)

DATE: 9/21/78

FORM SSA-L62 (1-65)

DO NOT WRITE IN MARGIN

Onset prior to - 8/69
Date - 10/71

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R0014

REPORT OF DISABILITY INTERVIEW
(Write Legibly)

OFFICE	DATE	
120 W. [illegible] St. Room 220 Buffalo, New York 14202	8/12/69	105

CONTACT MADE: [X] IN PERSON [ ] TELEPHONE

PLACE OF CONTACT: [ ] DO [ ] CS [ ] HOME [ ] OTHER

ACCOUNT NUMBER	CLAIMANT'S NAME	WAGE EARNER'S NAME (If not the claimant)
236-16-4467	LOATHA KEY	EDDIE KEY

PERSON(S) CONTACTED [X] CLAIMANT [ ] OTHER (If other, show name, address and relationship to a claimant.)

NATURE OF INJURY OR ILLNESS	CURRENT AGE	HIGHEST GRADE COMPLETED	OTHER TRAINING
BURSITIS & BACK	57	10	

JOB TITLE (Principal occupation)	TYPE OF BUSINESS OR INDUSTRY	INTERVIEWER'S SIGNATURE	
		[illegible]	[X] DT [ ] FR [ ] OTHER

I. ONSET OF IMPAIRMENT

a. DATE INJURY OR ILLNESS FIRST BOTHERED CLAIMANT	b. DATE CLAIMANT STOPPED WORKING	c. AOD

Describe effect of impairment on work when condition first bothered claimant.
- Symptoms
- Job duties
- Working conditions
- Attendance

Claimant said she has pain in her shoulder & back. That bothers her more when she moves around or tries to do anything. Said this began, she said it started about 4 years ago & got worse. She quit work at that time & didn't return.

Describe significant changes (with dates) until work stopped.
- Symptoms
- Job duties
- Working conditions
- Attendance

Claimant said she has weak at times, she didn't explain why this occurred

Give claimant's reasons for stopping work.

Explain if AOD later than date claimant stopped work.

Has claimant worked since the alleged onset date? (If "Yes," complete Form OA-D321.) [ ] YES [X] NO

If any apply, the decision will most likely rest on the medical reports or SGA.

CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked—Do Not Complete pages 2, 3, or 4.)

- [ ] Is engaging in SGA
- [ ] Alleges progressive cancer
- [ ] Has lost a leg because of diabetes or Buergers disease
- [ ] Is hospitalized for a condition related to the alleged disability
- [ ] Is unable to speak, or to see, or to hear
- [ ] Has lost use of a leg because of a fractured vertebrae
- [ ] Loss of use of at least two limbs

FORM SSA-831 (12-69) (If Additional Space is Needed, Use Form OA-SM22.)

II. PROGRESSION OF CONDITION

Have there been any changes in symptoms, physical limitations, or activities since work stopped? ☐ Yes ☒ No

106

If yes, describe all changes in condition (with dates) since work stopped.

III. EFFECTS OF CURRENT CONDITION

Claimant takes medication daily. This is prescribed by her doctor. She did apparently when her eye was left some condition does, doctor said something about slight cataract. She has been at times, she has trouble doing housework. Spends most of time in bed. Says she is on a low salt diet.

Describe current condition
- Symptoms – Type, frequency, severity
- Normal Activity limitations
- Other limitations

Physician placed limitations
- Bed rest
- Special therapy
- Diet
- Restricted activity
- Etc.

IV. DAILY ACTIVITIES

Since her husband died in 77 she did not live with her. She helps with care of the house. Claimant is able to bathe & dress herself, does take cooking.

Describe activities of a typical day
- Physical
- Mental
- Contact with others

Describe assistance required in caring for personal needs.

Describe current living arrangements.

CHECK ANY OF THE FOLLOWING THAT APPLY *(If any of the items are checked—Complete Observations (Section VII) and Omit Sections V and VI Only)*

- ☐ Is house confined because of a physical impairment
- ☐ 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb
- ☐ Arthritis with gross deformity of 2 or more limbs
- ☐ Parkinson's disease with marked tremors or propulsive gait.
- ☐ Multiple sclerosis with staggering gait, marked tremors or visual difficulties
- ☐ Other severe, observable limitations *(Describe under Observations (Section VII))*

If any apply, a description of the impairment and observations are needed to supplement the medical reports.

(If Additional Space Is Needed Use Form OAC–5004)

VI. PRINCIPAL JOB (*Vocational Description*) – continued

C. WORKING CONDITIONS

Describe each item checked except "No adverse working conditions".

☐ Dust ☐ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pressure ☐ Dampness
☐ No adverse working conditions ☐ Other

D. JOB DUTIES

Describe fully each of the duties performed by the claimant in a typical day, including the amount of supervision received.

1. Training–other than on-the-job received ☐ Yes ☐ No
2. Special qualifications or skills required ☐ Yes ☐ No
3. Supervision of others required ☐ Yes ☐ No

E. REQUIRED SKILLS

Describe all "Yes" answers fully

VII. OBSERVATIONS

Check each item to the left to indicate whether or not any difficulty was observed.

Sight	☐ Yes	☑ No	Hearing	☐ Yes	☑ No	Comprehending	☐ Yes ☑ No
Reading	☐ Yes	☑ No	Use of hands and arms	☑ Yes	☐ No	Breathing	☐ Yes ☑ No
Responding	☑ Yes	☐ No	Writing	☐ Yes	☑ No	Sitting	☑ Yes ☐ No
			Speaking	☐ Yes	☑ No	Walking	☑ Yes ☐ No
						Other	☐ Yes ☐ No

Describe fully
- General appearance
- Behavior
- Outward attitude
- Circumstances surrounding the interview
- ALL ITEMS CHECKED "YES."

Claimant was neatly dressed woman, appeared normal weight. A friend came to the office. Hernia was weak, also bronchitis. That Treatment & report cant disclose any better. Claimed she could not rise arm as directed. Appeared upset in chair during entire visit. Left office with friend who escorted her. She walked slowly and rather stiffly.

(If Additional Space is Needed, Use Form OA-C-50-2.)

108

Form Approved.
Budget Bureau No. 72-R0554

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

REPORT OF DISABILITY INTERVIEW
(Write Legibly)

OFFICE: BUFFALO N.Y.
DATE: 10/17/69.

CONTACT MADE: [X] IN PERSON [ ] TELEPHONE
PLACE OF CONTACT: [X] DO [ ] CS [ ] HOME [ ] OTHER

ACCOUNT NUMBER: 094-12-7206.
CLAIMANT'S NAME: IDOTHA KEY.
WAGE EARNER'S NAME (If not the claimant):

PERSON(S) CONTACTED: [X] CLAIMANT [ ] OTHER (If other, show name, address and relationship to a claimant.)

NATURE OF INJURY OR ILLNESS	CURRENT AGE	HIGHEST GRADE COMPLETED	OTHER TRAINING
Arthritis - Asthma	57	10	

JOB TITLE (Principal occupation)	TYPE OF BUSINESS OR INDUSTRY	INTERVIEWER'S SIGNATURE	[ ] DR [ ] FR [ ] OTHER
Bobby pin carder.	Pub.	Gail Jones.	

I. ONSET OF IMPAIRMENT	a. DATE INJURY OR ILLNESS FIRST BOTHERED CLAIMANT	b. DATE CLAIMANT STOPPED WORKING	c. AOD
	1955	1955	1955

Describe effect of impairment on work when condition first bothered claimant.
- Symptoms
- Job duties
- Working conditions
- Attendance

She woman simply has no memory at all to recall events prior to 1968. She stated she was never hospitalized after 1949 - Has pain elements to emphysema Mental Clouds + th Bronchus Pneumonia Mental Pain. She also has Bronchial Asthma. She smoke heavily - Appears low mentally - shakes her head - Eyes appear sore - question Diabetes - Her weight is very weak - Has a nervous temperament. She says she have had asthma in 1955 - Started some years ago. She recalls she was last off work Victory Bobby pin company. She recalls she could remember such dates in 1955 - Thinks she is to have determined since March 1955 by Dr. ~~~

Describe significant changes (with dates) until work stopped.
- Symptoms
- Job duties
- Working conditions
- Attendance

Give claimant's reasons for stopping work.

Explain if AOD later than date claimant stopped work.

Has claimant worked since the alleged onset date? (If "Yes," complete Form OA-D321.) [ ] YES [ ] NO

If any apply, the decision will most likely rest on the medical reports or SGA.

CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked—Do Not Complete pages 2, 3, or 4.)

- [ ] Is engaging in SGA
- [ ] Alleges progressive cancer
- [ ] Has lost a leg because of diabetes or Buergers disease
- [ ] Is hospitalized for a condition related to the alleged disability
- [ ] Is unable to speak, or to see, or to hear
- [ ] Has lost use of a leg because of a fractured vertebrae
- [ ] Loss of use of at least two limbs

(If Additional Space is Needed, Use Form OAC-5002.)

FORM SSA-401 (12-67)

II. PROGRESSION OF CONDITION

Have there been any changes in symptoms, physical limitations, or activities since work stopped? ☐ Yes ☐ No

If yes, describe all changes in condition (with dates) since work stopped.

Finally I asked her if she recalled if she were hospitalized in any way while Dr. Stein was treating her, she said "NO" — see c/c.

III. EFFECTS OF CURRENT CONDITION

Describe current condition
- Symptoms—Type, frequency, severity
- Normal Activity limitations
- Other limitations

Physician placed limitations
- Bed rest
- Special therapy
- Diet
- Restricted activity
- Etc.

IV. DAILY ACTIVITIES

Describe activities of a typical day
- Physical
- Mental
- Contact with others

Describe assistance required in caring for personal needs.

Describe current living arrangements.

CHECK ANY OF THE FOLLOWING THAT APPLY *(If any of the items are checked—Complete Observations (Section VII) and Omit Sections V and VI Only)*

- ☐ Is house confined because of a physical impairment
- ☐ 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb
- ☐ Arthritis with gross deformity of 2 or more limbs
- ☐ Parkinson's disease with marked tremors or propulsive gait.
- ☐ Multiple sclerosis with staggering gait, marked tremors or visual difficulties
- ☐ Other severe, observable limitations *(Describe under Observations (Section VII))*

If any apply, a description of the impairment and observations are needed to supplement the medical reports.

(If Additional Space Is Needed Use Form OAC–5002)

V. WORK EXPERIENCE

List all types of jobs held in 15 years before onset
- Job title
- Approximate dates worked

List all job titles and dates worked since claimant began working where claimant
- Is age 55 or older, and
- Has 6th grade education or less, and
- Performed only arduous unskilled labor

Unable TO recall work prior to 1955 experience as a Bobby Pin Carder – but all work was light, repetitious – unskilled – semi

Did claimant's last job before onset involve an occupation different from the principal job? (If "Yes," describe in Section VI of a separate SSA-401.) ☐ Yes ☒ No

VI. PRINCIPAL JOB (Vocational Description)

A. JOB IDENTIFICATION	APPROXIMATE DATE(S) WORKED	HRS / DAY	DAYS WEEK	RATE OF PAY OR AVERAGE EARNINGS
	Oct 1954 to 1955	8	5	$ 40 / week

B. PHYSICAL DEMANDS

Describe each "Yes" item in terms of:
- Weight
- Distance
- Time
- Frequency
- Etc.

1. Lifting	☐ YES	☒ NO	How much in lbs.? ____ How often? ____ How High? ____
2. Carrying	☐ YES	☒ NO	How much in lbs.? ____ How often? ____ How far? ____
3. Pushing/pulling	☐ YES	☒ NO	How much in lbs.? ____ How often? ____ How far? ____
4. Standing	☒ YES	☐ NO	How much time/day? 0-2 days
5. Walking	☐ YES	☒ NO	How much time/day? 1
6. Sitting	☐ YES	☒ NO	How much time/day?
7. Climbing	☐ YES	☒ NO	How high? ____ How often? ____
8. Stooping, bending and/or kneeling	☐ YES	☒ NO	How often and/or how long?

Use space for narrative description of physical demands where:
- Items above are not appropriate
- Supplemental description of item(s) would be helpful (e.g., human or machine assistance required to move heavy weights.)

9. Describe arm and hand manipulation in terms of (1) degree of coordination needed, (2) whether movements are gross or fine, (3) how often, and (4) how long.

1-4. – normal

10. Driving ☐ YES ☒ NO How often and/or how long?

(If Additional Space Is Needed, Use Form OAC-5002)

VI. PRINCIPAL JOB (Vocational Description) – continued

C. WORKING CONDITIONS

☐ Dust ☐ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pressure ☐ Dampness
☑ No adverse working conditions ☐ Other

Describe each item checked except "No adverse working conditions"

D. JOB DUTIES

Describe fully each of the duties performed by the claimant in a typical day, including the amount of supervision received.

As a baby pin curler - she stands at a table with a [illegible] - which has light [illegible] bobby pins - and a [illegible] (like a pencil) with a slit in it - She rushes the pin - 2-3 curls with the card - and the hair is curled then

E. REQUIRED SKILLS

1. Training–other than on-the-job received ☐ Yes ☑ No
2. Special qualifications or skills required ☐ Yes ☑ No
3. Supervision of others required ☐ Yes ☑ No

Describe all "Yes" answers fully.

be in the curl - card pin in rush - just curl & her head - She curls as this as 1000 times a day - by hand but pin in by hand.

VII. OBSERVATIONS

Check each item to the left to indicate whether or not any difficulty was observed.

Sight	☐ Yes	☑ No	Hearing	☐ Yes	☑ No	Comprehending	☑ Yes ☐ No
Reading	☐ Yes	☑ No	Use of hands and arms	☐ Yes	☑ No	Breathing	☐ Yes ☑ No
Responding	☑ Yes	☐ No	Writing	☐ Yes	☑ No	Sitting	☐ Yes ☑ No
			Speaking	☑ Yes	☐ No	Walking	☐ Yes ☑ No
						Other	☐ Yes ☑ No

(1) They move - back
(2) Very subdued.
(3) Situation had to be explained - would answer when questioned - [illegible] Job description is best as given. She did not do full & take her instructions & work pattern described in part VII.

Describe fully
- General appearance
- Behavior
- Outward attitude
- Circumstances surrounding the interview
- ALL ITEMS CHECKED "YES."

(If Additional Space is Needed, Use Form OAC-[illegible])

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

112 Form Approved
Budget Bureau No. 72-R510.1

MEDICAL REPORT
(General)

DATE OF THIS REQUEST: 5/12/69

Notice to Physician:
Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)

PATIENT'S NAME: LOTHA KEY
DATE OF BIRTH: 10/5/11
SOCIAL SECURITY ACCOUNT NO.: 236-10-4461
WAGE EARNER'S NAME (If different from patient): EDDIE KEY
ADDRESS OF REQUESTING OFFICE: 120 W. Mohawk St. Room 100, Buffalo, New York 14202
NAME OF DOCTOR: D.R. ALFRED STEIN

I. HISTORY: (Give complaints, past and present, clinical course, including therapy and response.)

See attached

DATE OF INJURY OR FIRST SIGNS OF ILLNESS	DATE OF APPOINTMENT REQUESTED BY VENTURA OFFICE	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINATION

FORM SSA-520

236-10-4401

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INTERNAL MEDICINE
RAMSDELL GURNEY, M.D.
GEORGE F. KOEPF, M.D.
MURRAY S. HOWLAND, JR., M.D.
WARREN J. MONTGOMERY, JR., M.D.
IRWIN FRIEDMAN, M.D.
RICHARD G. COOPER, M.D.
CHARLES M. ELWOOD, M.D.
ALFRED M. STEIN, M.D.
PHILIP D. MOREY, M.D.

Buffalo Medical Group
73 HIGH STREET
BUFFALO, N. Y. 14203
TELEPHONE, 882-1500
MRS. HOWARD C. SCHELLENBERG
BUSINESS MANAGER

SURGERY
JOHN CLARKE, M.D.
JAMES UPSON, M.D.
OPHTHALMOLOGY
CHARLES H. ADDINGTON, M.D.
ALBERT M. KRAUS, M.D.
RADIOLOGY
KENNETH H. SEAGRAVE, M.D.

August 26, 1969

Department of Health, Education and Welfare
Social Security Administration
District Office
120 W. Mohawk Street
Buffalo, N.Y. 14202

Re: Mrs. Idotha Key
236 Cedar Street
Buffalo, N.Y.

MEDICAL REPORT

Mrs. Idotha Key has been under my care since October of 1965. At that time she stated that she had severe joint pains of approximately 3 years' duration with more noticeable involvement in her shoulders and knees. At that time a diagnosis of degenerative arthritis and generalized osteoporosis was made.

The patient has been treated with salicylates, indomethacin and local injections of corticosteroid into joints which were acutely swollen during the past few years.

Mrs. Key is seen approximately every month to six weeks as an out-patient. She continues to have moderately severe involvement in both her knee joints and her left hip joint.

Her current medications include Ascriptin, 3 tablets, q.i.d., and indomethacin, 25 mg., t.i.d.

Signed: _____
Alfred M. Stein, M.D.

AMS:gfr

1. Physician's Name STEIN, Alfred Marvin
(Last) (First) (Middle)

2. Address 73 High Street
Buffalo, New York 14203

3. AMA Membership: [X] Yes [ ] No

4. Year of Birth (B): 1932

5. Medical Education (ME): State: New York
School: State University of N.Y. at Buffalo School of Medicine
Year of Degree: 1958

6. Year of License (L): 1959

7. National Board (NB): [X] Yes [ ] No
Year: 1959

8. American Specialty Boards (AB): Internal Medicine

9. Medical Specialties: Internal Medicine - Other

10. Type of Practice (TOP): Full time - general practice

11. National Scientific Medical Societies: (SS) American Society of INternal Medicine

12. Professorial Appointments (PA): State: New York
School: State Univ. of N.Y.at Buffalo,School of M

13. Other Information:

14. Sources of Information: American Medical Directory
Edition: 25th Page: 2082
1969

CASE NO. [illegible]
SHEET NO. [illegible]

Other Sources:

REPORT OF CONTACT
(USE INK OR TYPEWRITER)

ACCOUNT NUMBER (and symbol)
236-10-4467

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON
Eddie KEY

TO: REVIEWING OFFICE
NY P BIR CH SF DBS KC DFC SA

PERSON(S) CONTACTED AND ADDRESS(ES): ☐ WE OR SC PERSON ☒ OTHER (Specify) W.

STATE OF NEW YORK
DEPT. OF SOCIAL SERVICES
69 DEC -2 AM 11:05
BUREAU OF
DISABILITY DETERMINATIONS

CONTACT MADE: ☒ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE: ☐ OTHER (Specify)

DATE OF CONTACT
11/15/69

SUBJECT:

W. complt in the 823 we sent to Emergency Hospital. She went to the hospital to help them locate her record. Hospital gave her 823 with their note & take to us.

W. is sent to Emergency Hospital O/D claim as shown on 823.

She learned that the nurse who handled her O/P chart is gone from the hospital - The record just cannot be found.

W. was signed and appeared sat over this development. We discussed C/E if necessary.

CC: [illegible]

SIGNATURE
Enid Rogers

DISTRICT OFFICE
Brooklyn, New

☐ DR ☐ FR ☐ SR ☐ CLAIMS CLERICAL ☐ OTHER (Specify)

DATE OF REPORT
11/15/69.

PAGE

FORM SSA-5002 (6-68)

DO NOT WRITE IN MARGIN

EMERGENCY HOSPITAL
108 PINE ST.
BUFFALO, NEW YORK

T. Emil Meyer
842-2128

854-4650

October 21, 1969

DEC -2 AM 11:09

BUREAU OF SOCIAL SERVICES
DISABILITY DETERMINATIONS

RE: IDOTHA KEY

Dear Sirs:

In regard to the above named patient, we are unable to locate any record in our files, in the Emergency Room or in the Out-Patient Department.

Could it be possible that this patient was admitted to a different hospital or to our hospital under another name?

We are sorry that we are unable to be of some assistance to you in this matter.

Very truly yours,

THE EMERGENCY HOSPITAL

Medical Records Department

Stephanie Grisanti R.R.L.

Stephanie Grisanti, R.R.L.
Medical Record Librarian

EXHIBIT 26

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

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Form Approved.
Budget Bureau No. 72-R0662

REQUEST FOR MEDICAL EVIDENCE

TO HOSPITAL OR INSTITUTION

SOCIAL SECURITY ACCOUNT NO. 094-12-7206

SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE
120 W. Mohawk St
Buffalo N.Y. 14202

Emergency Hospital
100 Pine St
Buffalo N.Y. 14204

ATTENTION: MEDICAL RECORDS DEPARTMENT

SURE DISABILITY DET... '69 DEC -1 ...

I have applied for a determination of disability under the Social Security Act. Accordingly, I would appreciate you furnishing the office shown above information from your records concerning my hospitalization or treatment. I authorize the release of this information to the Social Security Administration. The information you furnish will be used only for official purposes in administering the old-age, survivors, and disability insurance and pertinent vocational laws.

The Administration does not assume any responsibility for payment of fees for furnishing the information requested. A pre-addressed envelope not requiring postage is enclosed.

SIGNATURE OF PATIENT OR OF PERSON (SHOW RELATIONSHIP) FILING ON HIS BEHALF	DATE
Dorothy Key	10/17/69.

PLEASE FURNISH

- A copy of the Discharge Summary which includes history, clinical course, physical and laboratory findings, therapy and response,

OR

- If such a summary is not available, a copy of Admission History, Physical Findings, Laboratory and X-ray findings as well as a Final Diagnosis.

OR

- Enlargements of microfilm records incorporating the above data.

OR

- If you cannot furnish copies of your records, please provide a narrative or other summary which includes this information.

NOTE: IT IS NOT NECESSARY TO FURNISH RECORDS OF HOSPITALIZATION OR TREATMENT PRIOR TO _____

1 IDENTIFYING INFORMATION

a. ADMISSION DATE(S)	b. DISCHARGE DATE(S)	c. (Give any necessary additional identifying data such as bldg., clinic, patient no., etc.)
		☐ IN-PATIENT ☒ OUT-PATIENT Oct. 1955 - 10/65

d. NAME (PRINTED) AND CURRENT ADDRESS	e. BIRTH DATE, NAME AND ADDRESS AT TIME OF ADMISSION (If different)
Dorothy Key 226 Cedar St Buffalo N.Y. 14201	10/5/10 10/5/11 10/5/12

FORM SSA-823 (9-68)

INTERNAL MEDICINE
PAMSDELL GURNEY, M.D.
GEORGE F. KOEFF, M.D.
MURRAY S. HOWLAND, JR., M.D.
WARREN R. MONTGOMERY, JR., M.D.
IRWIN FRIEDMAN, M.D.
RICHARD G. COOPER, M.D.
CHARLES M. ELWOOD, M.D.
ALFRED M. STEIN, M.D.
PHILIP D. MOREY, M.D.

Buffalo Medical Group
73 HIGH STREET
BUFFALO, N. Y. 14203
TELEPHONE, 882-1500
MRS. HOWARD C. SCHELLENBERG
BUSINESS MANAGER

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JOHN CLARKE, M.D.
JAMES URSON, M.D.
OPHTHALMOLOGY
CHARLES H. ADDINGTON, M.D.
ALBERT M. KRAUS, M.D.
RADIOLOGY
KENNETH H. SEAGRAVE, M.D.

DEC 23

December 17, 1969

State Of New York
Department of Social Services
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Mrs. Idotha Key
Social Security
No. 094-12-7206

Att: Joseph J. Oliva, M.D.

SUPPLEMENTARY MEDICAL REPORT

Specific x-ray findings in the case of Idotha Key: X-rays of the lumbosacral spine taken on Feburary 19, 1966 showed generalized osteoporosis and mild arthritic changes with small spurs on the opposing margins of L3 and L4. There were also some mild reactive changes in the lumbosacral apophyseal joints.

Laboratory reports: Urinalysis, blood counts, blood sugar, blood urea nitrogen have been in the normal range. On May 26, 1969 a latex fixation test was reported as slightly positive.

Mrs. Key has pain, swelling and crepitation in both knee joints, the left knee joint being considerably more affected than the right. She also has a pin and limitation of motion in the right hip joint. At times during an exacerbation of her arthritic complaints she does have difficulty in ambulation because of pain, swelling and limitation of motion.

Her current medications included Indocin, 25 mgs., q.i.d., buffered aspirin, two tablets, five times each day and Valium, 5 mgs., b.i.d.

I trust this information will be helpful to you in your further evaluation of Mrs. Key's claim for disability.

Signed: Alfred M. Stein
Alfred M. Stein, M.D.

AMS:mev

DEPARTMENT OF HEALTH, ED.
SOCIAL SECURITY ADMINISTRATION

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FORM APPROVED
BUDGET BUREAU 72R5235

DISABILITY DETERMINATION AND TRANSMITTAL

1. FOLDER TO: BDI ☐ SA ☐ DFC ☐

2. DATE APP'D. 8/12/69

3. W/E (If Auxiliary Filing) Eddie Key (Deceased)

OASI W/E ☐ DIB W/E ☐

4. SOCIAL SECURITY ACCOUNT NUMBER 236-10-4467

5. NAME AND ADDRESS OF CLAIMANT
Idotha Key
236 Cedar St
Buffalo, N.Y 14204

6. DB 10/5/11

7. SEX M ☐ F ☐

8. RACE W ☐ N ☐ O ☐

9. AOD 1/2/69

10. AT AGE 56

11. CLAIM FOR: FREEZE ☐ DIB ☐ CHILD ☐ DWB ☐

12. FAMILY STATUS: VAR ☐ SG ☐ NO CHILDREN (UNDER 18) ☐

13. QC REQ. LAST MET ☐ SI

14. ☐ W/E DOES NOT MEET 20/40 REQ.
A. ☐ DIS BDI REVIEW B. ☐ SINCE LAST DET.

15. PREV. DENIED OR TERM. ☐

16. NON-DIS. DEV. IN PROGRESS ☐

17. MED. DEV. DEF. ☐

18. S A CODE 330

19. STATE New York

20. DISTRICT OFFICE ADDRESS
120 W Mohawk St.
Buffalo, N.Y. 14202

DO CODE 103

RO CODE 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL

21. CLAIMS REPRESENTATIVE

22. DATE OF TRANSMITTAL

23. REMARKS
Received in S/A Nov. 24, 1969 10/72
PRESCRIBED PERIOD Beg. 7/69 ENDS 6/72 10/71

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. ☐ HAS BEEN UNDER A DISAB. SINCE

25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO

26. ☐ WAS NOT UNDER A DISAB ON OR BEFORE (Date)

27. ☒ WAS NOT UNDER A DISAB.

28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i).
A. ☐ NOT UNDER A DISAB FOR CASH BENE. PURP.
B. ☐ UNDER A DISAB FOR CASH BENE. PURP. $ [illegible]

29. DIAGNOSIS
Degenerated arthritis
Osteoporosis

DISAB. CODE 6

30. VOCATIONAL BACKGROUND (Occupation)
N/A

OCC. YEARS N/A

EDUC. YEARS 10

32. BASIS FOR DETERMINATION
DDDD

28

☐ CONTINUED ON ATTACHED SHEET (Use OA-0834)

33. RECOMMEND RE-EXAM ON (Date)	34. DISABILITY EXAMINER S.A	35. DATE	36. REVIEW PHYSICIAN SA	37. DATE
	L. Hebisenstt	12-31-69	Dennis Gunderman	12/31/69

TO BE COMPLETED BY SSA

38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES
☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.

39. ☐ W/E MEETS 20/40 TEST IN _____ QTR.
☐ W/E DOES NOT MEET 20/40 TEST. HAS _____ OF 40 QTRS. ENDING _____

40. DISABILITY IS
☐ ESTABLISHED FROM _____ TO _____
☒ NOT ESTABLISHED.

41. REMARKS
WIDOW'S A/N 094-12-7206 Re-opened determination of 11/16/70

42. RE-EXAM DTE	43. DISABILITY EXAMINER	44. DATE	45. DISABILITY EXAMINER	46. DATE
			E. DeMetrosile-1	1/15/70

CLAIMANT TO BE NOTIFIED BY: 47. ☒ SSI ☐ SSC

48. STAT. AUTH. 205 (330 B(e)(1)) 350

49. PRIOR ACT ☐ PT ☐ PD ☐ REVISED

50. BASIS CODE 0

51. ENTD CODE D-1

52. RETURN CODE

53. CAT. ☐ DIB ☐ DOT ☐ CH ☐ PR

54. SPECIAL CODE ☐ VA ☐ VRD

55. LIST NO

FORM OA-831 (7-66)

1-FOLDER COPY

1-19-70

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

IG:ejr 5 120

NOTE.—Use this form only when necessary for continuation of item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER(IF AUXILIARY FILING)	SOCIAL SECURITY ACCOUNT NO	DATE
Idotha Key	Eddie Key (deceased)	236-10-4467	12-31-69

The claimant is a 57 year old widow who alleges disability as of 1955 due to arthritis and asthma. Claimant said she had asthma in 1955. She developed arthritis some years later. Claimant says she has pain in her shoulder and back.

Since the death of her husband the claimant's 77 year old father has lived with her. Claimant says he helps her with some of the housework. The claimant is able to bathe and dress herself. She does the cooking.

A report from Dr. Stein, an Internist, reveals that the claimant has been under the doctor's care since 10/65. At that time she stated that she had severe joint pains of approximately three years duration with more noticeable involvement in her shoulders and knees. At that time a diagnosis of degenerative arthritis and generalized osteoporosis was made.

X-rays of the lumbosacral spine taken on 2/19/66 showed generalized osteoporosis and mild arthritic changes with small spurs on the opposing margins of L3 and 4. There was also some mild reactive changes in the lumbosacral apophyseal joints.

Urinalysis, blood counts, blood sugar, blood urea nitrogen have been in the normal range. On 5/26/69 a latex fixation test was reported as slightly positive.

The doctor states that the claimant has pain, swelling and crepitation in both knee joints, the left knee joint being considerably more affected than the right. The claimant also has pain and limitation of motion in the right hip joint. At times during an exacerbation of her arthritic complaints she does have difficulty in ambulation because of pain, swelling and limitation of motion.

The claimant's current medications include Indocin, buffered aspirin and Valium.

The claimant's condition has been diagnosed as degenerative arthritis and generalized osteoporosis. Medical evidence indicates that the widow's impairment does not meet the required level of severity. Accordingly, this claim is denied.

FORM SSA-834
(2-69)

FOLDER

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

121

Form Approved.
Budget Bureau No. 72-R510

MEDICAL REPORT
(General)

DATE OF THIS REQUEST: 2/10/70

Notice to Physician:
Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)	PATIENT'S NAME	DATE OF BIRTH	SOCIAL SECURITY ACCOUNT NO.
	IDOTHA KEY	10/5/12	236-10-4467
	WAGE EARNER'S NAME (If different from patient)	ADDRESS OF REQUESTING OFFICE	
	Eddie Key —	120 W MOHAWK ST BUFFALO NY 14202	
	NAME OF DOCTOR 230-10-4467		

I. HISTORY: (Give complaints, past and present, clinical course, including therapy and response.)

MRS IDOTHA KEY HAS BEEN UNDER MY CARE SINCE OCT. 28, 1965.

SHE HAS HAD PAINS IN HER JOINTS SINCE 1962.

SHE HAS DEGENERATIVE ARTHRITIS INVOLVING HER HANDS, SHOULDERS, KNEES AND HIPS. ON SEVERAL OCCASIONS SHE HAS HAD AN EFFUSION OF HER LEFT KNEE JOINT.

DATE OF INJURY OR FIRST SIGNS OF ILLNESS	DATE IMPAIRMENT PREVENTED WORK	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINATION
1962	1965?	10/28/65	EVERY 6-8 WEEKS	2/27/70

FORM SSA-826 (7-67)

II. PHYSICAL FINDINGS: Please show all pertinent findings (with dates).

HEIGHT	WEIGHT
5'2"	128 1/4

PAIN, SWELLING AND LIMITATION OF MOTION OF THE FOLLOWING JOINTS

LEFT SHOULDER
LEFT ELBOW
BOTH WRISTS
RIGHT HIP
BOTH KNEE JOINTS
BOTH SACRO ILIAC JOINTS

III. LABORATORY AND SPECIAL STUDIES: Give results with dates. (Hemoglobin, Hematocrit, Sedimentation rate. Cerebrospinal fluid, Blood chemistry, Urinalysis, Sputa (smear, culture), Serology, X-rays, Electrocardiogram, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Psychometric, etc.)

5/26/69 — LATEX FIXATION POS.

5/26/69 - SED RATE - 35

HB - 13.2

WBC 5,300

CHOLESTEROL - 320

IV. DIAGNOSES:

1. DEGENERATIVE ARTHRITIS
2. OSTEOPOROSIS
3. HYPERCHOLESTEROLEMIA

REPORTING PHYSICIAN'S NAME AND ADDRESS	SIGNATURE	TITLE
ALFRED M SISIN MD 85 HIGH ST CHEEKTOWAGA N.Y. 14225	Alfred M Sisin	MD
	TELEPHONE NUMBER 886 - 3460	DATE 3/2/70

REPORT OF CONTACT
(USE INK OR TYPEWRITER)

ACCOUNT NUMBER (and symbol): 4467

TO: REVIEWING OFFICE: NY P BIR CH SF DBS KC DFC SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: Key 124

PERSON(S) CONTACTED AND ADDRESS(ES): ☐ WE OR SE PERSON ☒ OTHER (Specify)

Alfred Stein, M.D.

Buffalo, N.Y.

CONTACT MADE: ☐ DO ☐ ED ☐ CS ☐ HOME ☒ PHONE: ☐ OTHER (Specify)

DATE OF CONTACT: 4/20/[illegible]

SUBJECT:

OUT: 716/845-6423

PURPOSE: To discuss claimant's current condition.

FACTS: Dr. Stein stated that the claimant has osteoarthritis of the knees which is her main problem. He states that she has exacerbations every few months and that her knees swell and they must be tapped for fluid. She is constantly on antiinflammatory medication. He states that when she is not having an exacerbation, she can walk to the store and do things around the house, but when she is having attacks she is entirely disabled. He stated that prolonged standing for her is a problem.

NEXT ACTION: Determination.

[illegible]

B. Stinson

SIGNATURE

DISTRICT OFFICE

☐ CR ☐ FR ☐ SR ☐ CLAIMS CLERICAL Disability

☐ OTHER (Specify) Auxiliary

DATE OF REPORT

PAGE 1 OF 1

FORM SSA-8002 (4-63) BS:cmp ICH 1 [illegible] 492 Dw/nd 4/22

DO NOT WRITE IN MARGIN

Joseph W. House, Ph. D.
44 WINSTON ROAD
BUFFALO, NEW YORK 14216
TELEPHONE 836-6339

CLINICAL PSYCHOLOGY

CERTIFIED PSYCHOLOGIST
NEW YORK STATE LICENSE NO. 622

70 JUL 30 W 3 02

125

July 24, 1970

Joseph J. Oliva, M.D.
Chief Medical Consultant
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Dear Dr. Oliva:

This is a report on Mrs. Idotha Key (Soc. Sec. No. 236-10-4467) whose address is 236 Cedar St., Buffalo, N.Y. 14204.

Mrs. Key, age 58, was seen on July 22, 1970 and was administered the Wechsler Adult Intelligence Scale, the Bender-Gestalt Test and the Draw-A-Person Test. She drove her own car to the examination; she appeared well dressed and well mannered. However, she seemed to have considerable difficulty in climbing steps, both up and down, and was moderately slow in walking on the same level. During the examination she was consistently friendly, pleasant, and cooperative and she appeared to try to do her best at all tasks. Even though she was very persistent in trying, she still accepted her failures on a task in an even-tempered manner. While she usually responded cautiously and sometimes slowly, very few questions had to be repeated.

The results of the Wechsler Adult Intelligence Scale were as follows:

Verbal I.Q. - 87
Performance I.Q. - 95
Full Scale I.Q. - 90

Sub-Test	Raw Score	Scaled Score
Information	10	7
Comprehension	15	9
Arithmetic	8	7
Similarities	8	7
Digit Span	8	6
Vocabulary	24	7
Digit Symbol	20	4
Picture Completion	8	7
Block Design	28	9
Picture Arrangement	8	4

70 JUL 30 PM 3 02

Mrs. Key is currently functioning at a low average level of intelligence which corresponds to the twentyfifth percentile rank of the population at large. She reported that she completed the ninth grade; she had been promoted to the tenth grade when she quit school to go to work on a farm in Alabama and married soon afterward. She repeated only the seventh grade, and this happened because she had transferred to a different school. While her current performance on the subtests showed a fairly even distribution, there were a few notable exceptions. She did particularly well on tests of common sense judgment, ability to perceive and analyze patterns, and ability of putting things together into familiar configurations. She performed relatively poorly on tests of learning new material and of ability to comprehend and size up a social situation.

The results of all three clinical tests gave evidence of no greater decline of abilities or deterioration than the changes that may be expected for a person of her age and her cultural background. She was found quite capable to reason and to think and to adapt emotionally. Since her memory and her ability to make the usual and customary judgments were good, and only her verbal communication was somewhat slow, she demonstrated a good capacity for self-sufficiency from a psychological standpoint.

On the basis of interview and test findings, Mrs. Key is considered as capable of managing payments in her own interest.

Sincerely yours,

Joseph W. House

JOSEPH W. HOUSE, Ph.D.

1F

127

THE LEGAL AID BUREAU OF BUFFALO, Inc.

FOUNDED 1912

310 WALDRIDGE BUILDING
43 COURT STREET
BUFFALO, N. Y. 14202

AC 716 - 853-9555

Please refer to our File No. KV85330

'70 SEP 10 PM 2:42

DISABILITY DETERMINATIONS

CIVIL CASE DIVISION
APPEALS DIVISION
PUBLIC DEFENDER
NEIGHBORHOOD LAW OFFICES
LAW GUARDIAN
HABEAS CORPUS DIVISION

September 8, 1970

State of New York
Department of Social Services
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Idotha Key
236 Cedar Street
Buffalo, New York 14204
Social Security No. 236-10-4467

Gentlemen:

Enclosed herewith for your consideration in the above pending reconsideration of disability claim are copies of the following correspondence.

1. Supplementary Medical Report from Dr. Alfred M. Stein to your Department dated December 17, 1969.
2. Letter from Dr. Bertram G. Kwasman to Dr. Alfred Stein dated July 2, 1970.
3. Letter from Dr. Alfred M. Stein to this office dated August 20, 1970.

Very truly yours,

Aaron Goldfarb

Aaron Goldfarb
Assistant Attorney
Civil Case Division

AG/bn

Enclosures

Object — To give legal aid gratuitously, if necessary, to all who may be worthy thereof, and who through poverty cannot procure legal assistance elsewhere

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STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES

'70 SEP 10 PM 2:42

BUREAU OF
DISABILITY DETERMINATIONS

December 17, 1969

State Of New York
Department of Social Services
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Mrs. Idotha Key
Social Security
No. 094-12-7206

Att: Joseph J. Cliva, M.D.

SUPPLEMENTARY MEDICAL REPORT

Specific X-ray findings in the case of Idotha Key: X-rays of the lumbosacral spine taken on February 19, 1966 showed generalized osteoporosis and mild arthritic changes with small spurs on the opposing margins of L3 and 4. There were also some mild reactive changes in the lumbosacral apophyseal joints.

Laboratory reports: Urinalysis, blood counts, blood sugar, blood urea nitrogen have been in the normal range. On May 26, 1969 a latex fixation test was reported as slightly positive.

Mrs. Key has pain, swelling and crepitation in both knee joints, the left knee joint being considerably more affected than the right. She also has a pain and limitation of motion in the right hip joint. At times during an exacerbation of her arthritic complaints she does have difficulty in ambulation because of pain, swelling and limitation of motion.

Her current medications included Indocin, 25 mgs., q.i.d., buffered aspirin, two tablets, five times each day and Valium, 5 mgs., b.i.d.

I trust this information will be helpful to you in your further evaluation of Mrs. Key's claim for disability.

Signed: _____
Alfred M. Stein, M.D.

AMS:mcv

BENJAMIN E. OBLETZ, M.D.
BERTRAM G. KWASMAN, M.D.
JAMES M. COLE, M.D.
IRVING STERMAN, M.D.

ORTHOPEDIC SURGERY

NEW YORK
SOCIAL SERVICES
70 SEP 10 PM 2:42
BUREAU OF
DISABILITY DETERMINATIONS

SUITE 605
50 HIGH STREET
BUFFALO, NEW YORK 14203

July 2, 1970

RE: Idotha Key

Dr. Alfred Stein
73 High Street
Buffalo, New York 14203

Dear Doctor Stein:

On July 1, 1970, Mrs. Key was re-evaluated in the office at your request. Your aspiration and injection of the left knee did lead to clinical improvement. However, on physical examination there is marked crepitation with patellofemoral motion as well as pain with this type of movement. I x-rayed the knee in the office; and in multiple projections, one sees the arthritic lipping of the patella as well as spurs on the articulating surfaces of the femoral condyles and the tibial plateau surfaces.

In addition to the left knee pain, she has a chronic right sacroiliac area of pain. I elected to inject and block the right sacroiliac with a mixture of 1 percent Xylocaine plus Depo-Medrol. I further suggested to Mrs. Key that she consider the possibility of being admitted to the Buffalo General Hospital for the purpose of performing a patellectomy of the left knee. She will talk this over with her family and inform me of her decision.

Warmest personal regards.

Very truly yours,

Bert

Bertram G. Kwasman, M.D.

BGK:sg

130

BUFFALO MEDICAL GROUP

▼ INTERNAL MEDICINE

RAMSDELL GURNEY . . . . M.D.
GEORGE F. KOEPF . . . . M.D.
MURRAY S. HOWLAND, JR. . M.D.
WARREN R. MONTGOMERY, JR. M.D.
IRWIN FRIEDMAN . . . . . M.D.
RICHARD G. COOPER . . . . M.D.
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▼ RADIOLOGY

KENNETH N. SEAGRAVE . . M.D.

▼ BUSINESS MANAGER
MRS. HOWARD C. SCHELLENBERG

85 HIGH STREET
BUFFALO, N. Y. 14203
(716) 886-3400

70 SEP 10 PM 7

BUREAU OF DISABILITY DETERMINATIONS

August 20, 1970

Mr. Aaron Goldfarb, Attorney
Department of Social Welfare
210 Pearl Street
Buffalo, New York

Re: Mrs. Idotha Key
236 Cedar Street
Buffalo, New York

Dear Mr. Goldfarb:

Mrs. Idotha Key has been a patient under my care since October 28, 1965. Since that time she has complained on numerous occasions of pain in various joints throughout her body. In the past two years she has had considerable swelling, deformity and limitation of motion in both knee joints and in the right hip joint. X-ray studies and consultations by orthopedic surgeons have substantiated the diagnosis of advanced degenerative arthritis involving these joints.

Most recently, July, 1970, Mrs. Key was seen in consultation by Dr. Bertram Kwasman of 50 High Street, Buffalo, New York who felt that a patellectomy of the left knee might be in order to help alleviate her current disability. Enclosed are copies of letters and reports previously sent to the Department of Social Services, Bureau of Disability Determinations.

I trust this information will be helpful to you in representing Mrs. Key.

Yours sincerely,

Alfred M. Stein, M.D.

AMS/mev
Enc.

NORMAN HEILBRUN, M.D.
CHARLES BERNSTEIN, M.D.
BERKELEY ZINN, M.D.
MICHAEL J. MELZER, M.D.
88 WEHRLE DRIVE
BUFFALO, NEW YORK 14225

70 SEP 21 NY 12 28

9-15-70

Dr. Oliva RE: Idotha Key S-33689

9-11-70 AP VIEWS OF THE RIGHT SHOULDER WITH THE HUMERUS IN INTERNAL AND EXTERNAL ROTATION.

While no localized traumatic nor destructive bone lesion is seen in the bony components of the right shoulder, and the joint zones and articular relationships are normal in appearance, there are mild degenerative sclerotic and pseudocystic changes in the greater tuberosity of the humerus. There is no soft tissue abnormality.

PA, LATERAL AND TUNNEL VIEWS OF THE LEFT KNEE.

There are moderately severe degenerative arthritic changes in the knee with moderate size marginal spurs on the intercondyloid spines of the tibia, the margins of the tibial plateau and femoral condyles as well as on the patella. There are several rather small osteo-cartilagenous loose bodies, one at the superior margin of the patella, 2 other smaller bodies each about 2 x 3 mm along the anterior aspect of 1 of the femoral condyles just below the patella and another smoothly rounded bony density along the superior lateral margin of the patella. This last is visible in both the PA and axial views and its smooth appearance suggests that this may represent an accesory center of ossification in the patella. There is a small localized zone of increased bony density in the medial distal portion of the left femoral shaft, the appearance being that of a benign bone island. There is no radiographic evidence of fluid in the knee joint and there is no other soft tissue abnormality.

CONCLUSION: THERE ARE RATHER MILD SCLEROTIC AND PSEUDOCYSTIC CHANGES IN THE GREATER TUBEROSITY OF THE RIGHT HUMERUS WITH NO OTHER ROENTGEN ABNORMALITY OF THE RIGHT SHOULDER.

THERE ARE MODERATELY SEVERE DEGENERATIVE ARTHRITIC CHANGES IN THE LEFT KNEE WITH SEVERAL SMALL OSTEO-CARTILAGENOUS LOOSE BODIES, AS MORE FULLY DESCRIBED ABOVE.

Thank you for referring this patient.

Sincerely,

Berkeley Zinn

Berkeley Zinn, M.D.

33

TELEPHONE REPORT ON STATUS OF CE REPORT (7/67) CE-29

132

Claimant Hay A/N 4467

CEMD Buffalo Specialty ORTH

Location Buffalo O & V No. 2790

Telephone No. Called 716 TF4-7993

PURPOSE: Follow-up on CE scheduled for 9/11

FACTS: 1. W/E examined on schedule? Yes No (New date: _____)

2. Examination or report delayed because: Has Rehabilitation Hosp. appointment 10/10 and good 9/26

3. Has report been mailed? Yes No

a. If so, when? _____

b. If not, it will be mailed on or about 9/11

NEXT ACTION: F.C. - 10/9

Disability Examiner CE Unit [signature] Date 10/6/67

New York State Department of Social Services
Bureau of Disability Determinations
110 William Street, New York, N. Y. 10038

1. Physician's Name ZINN, W. Berkeley
(Last) (First) (Middle)

2. Address 85 Wehrle Drive
Buffalo, New York 14225

3. AMA Membership: [X] Yes [ ] No

4. Year of Birth (B): 1907

5. Medical Education (ME): State: Ohio
School: Univ. of Cincinnati, College of Medicine
Year of Degree: 1934

6. Year of License (L): 1939

7. National Board (NB): [ ] Yes [ ] No
Year:

8. American Specialty Boards (AB): American Board of Radiology

9. Medical Specialties: Radiology

10. Type of Practice (TOP): Full time - general practice

11. National Scientific Medical Societies: (SS) American College of Radiology
Radiological Society of North America

12. Professorial Appointments (PA): State:
School:

13. Other Information:

14. Sources of Information: American Medical Directory
Edition: 25th Page: 2084
1969

Other Sources:

FRANCIS J. HALEY, M. D.
JOHN H. RING, JR., M. D.
IGNATIUS S. BERTOLA, M. D.
ORTHOPEDIC SURGERY

66 WEST UTICA STREET
BUFFALO, N. Y. 14209
884-7993

85 WEHRLE DRIVE
BUFFALO, N. Y. 14225
832-7402

70 OCT 13 AM 1:22

134

October 7, 1970

Joseph J. Oliva, M.D.
Bureau of Disability Determinations
110 William Street
New York, New York

Re: Idotha Key
236 Cedar Street
Buffalo, New York
Soc. Sec. No. #236 10 4467

Dear Dr. Oliva:

I have examined Idotha Key in my office on September 11, 1970 at your kind request.

This lady stated she is suffering from a pinched nerve in her right hip. She has had arthritis of her left knee and bursitis and arthritis of her right shoulder.

This lady stated she has not worked since World War II, but has been under treatment for arthritis in her hands, shoulders, knees, and hips.

On physical examination, she has a full range of motion of both shoulders and her spine. She, likewise, has a full range of motion of her left knee. There is, however, a moderate degree of effusion in her left knee. There is no neurologic involvement in either extremities and there is no atrophy.

X-ray examination of her right shoulder shows mild sclerotic changes over the greater tuberosity of her right humerus which are very minimal in nature. There is, likewise, degenerative arthritic changes in her left knee. There are no other abnormalities in her hands, feet, or other extremities noted.

She has a full range of motion of her spine. I feel that this lady does have degenerative arthritis, especially of her left knee which is commensurate with her age group. I feel that she is able to work in accordance with any other woman her age group. I do not feel as though she is able to do any heavy lifting or standing over a long period of time, because of degenerative arthritis which is commensurate with any one in her age group.

I do feel that she is able to do light bench work and stand for periods of under two hours, sit for an unlimited period of time, and lift objects lighter than 20 pounds.

Thank you for allowing me to see this interesting patient.

Sincerely,

Ignatius S. Bertola, M.D.

ISB:rm
enc.

CC: _____

CHRIST HOSPITAL

Musculoskeletal System (Orthopedist)
(Rev. 11/65) CE-382

135

TO: Ignatius S. Bertola, M.D.

Claimant: Idotha Key

A/N: 236-10-4467 70 OCT 13 NY 1.22

PLEASE ANSWER ALL RED CIRCLED ITEMS

1. Date(s) of your examination 9-9-70

2. List all involved joints of the extremities — Give remaining degrees of motion

	Flexion	Extension	Abduction	Adduction
Left knee	110°	—	0	0
Right shoulder	90°	90°	90°	10°

3. Is there neurological involvement of the extremities? no (yes or no); if "yes", give findings

4. Is there any atrophy present? no (yes or no); if "yes",

a. State involvement

b. Give severity

	Left Lower Extremity	Right Lower Extremity	Left Upper Extremity	Right Upper Extremity
Mild?				
Moderate?				
Severe?				

5. Give approximate % loss of use of:

(a) Left upper extremity _____ (b) Left lower extremity 20°

(c) Right upper extremity 0 (d) Right lower extremity _____

(Over please)

State of New York Department of Social Services
Bureau of Disability Determinations
[illegible] New York, N.Y. 10038

Musculoskeletal System (Orthopedist) (Reverse) (Rev. 1/60) CE-382

136

6. Give remaining degrees of motion in spine:

a. Flexion 70° b. Extension 10

c. Right Lateral 20 d. Left lateral 20

7. Give remaining degrees of motion in neck:

a. Flexion 60 b. Extension 20

c. Rotation: Right 30 d. Rotation: Left 30

8. Type of arthritis Segmental arthritis

9. Duration of arthritic process many years

10. If contractures present give joint(s) involved:

Joint(s)	Severity (degree of contracture)

11. Osteomyelitic process:

a. List all parts of body involved none

b. Is it active? _____ (yes or no); if "no", give date _____

c. List constitutional changes, if any, e.g., anemia, amyloidosis, etc.

Change	Severity

12. Give any other serious condition significant to recovery _____

Signed J J Butler M.D. Date 9-9-70

For Bureau Use: Review Physician _____ M.D. Date _____

TELEPHONE REPORT ON STATUS OF CE REPORT (7/67) CE-29

Claimant Lee A/N 4463 137

CEMD Buffalo Specialty ORTH

Location Buffalo O & V No. 2790

Telephone No. Called 716 TT4-7983

PURPOSE: Follow-up on CE scheduled for 9/11

FACTS: 1. W/E examined on schedule? Yes No (New date:)

2. Examination or report delayed because: Dr. Nicholas stated that will go out in about a week

3. Has report been mailed? Yes No

a. If so, when?

b. If not, it will be mailed on or about 9/25

NEXT ACTION: fu - 10/3

Disability Examiner
CE Unit Roland Lee Date 9/21/70

New York State Department of Social Services
Bureau of Disability Determinations
110 William Street, New York, N. Y. 10038

1. Physician's Name BERTOLA, Ignatious Samuel
(Last) (First) (Middle)

2. Address 88 W. Utica

Buffalo, New York 14209 138

3. AMA Membership: [X] Yes [ ] No

4. Year of Birth (B): 1935

5. Medical Education (ME): State: New Jersey

School: New Jersey College of Medicine & Dentistry, Jersey City, New Jersey

Year of Degree: 1961

6. Year of License (L): 1962

7. National Board (NB): [X] Yes [ ] No

Year: 1962

8. American Specialty Boards (AB): American Board of Orthopedic Surgery

9. Medical Specialties: Orthopedic Surgery

10. Type of Practice (TOP): Full time - General Practice

11. National Scientific Medical Societies: (SS)

12. Professorial Appointments (PA): State:

School:

13. Other Information:

14. Sources of Information: American Medical Directory
Edition: 25th Page: 2672
1969

Card No. 36

Other Sources:

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

139 FORM APPROVED BUDGET BUREAU 72-R503.5

DISABILITY DETERMINATION AND TRANSMITTAL

1. FOLDER TO: BDI ☐ SA [X] DPC ☐ — 2. DATE APP'D: 8/12/69

3. W/E (If Auxiliary Filing): Eddie Key (Decd.) — OASI W/E ☐ DIB W/E ☐ — 4. SOCIAL SECURITY ACCOUNT NUMBER: 236-10-4467

5. NAME AND ADDRESS OF CLAIMANT:
Idotha Key
236 Cedar Street
Buffalo, NY 14204

6. DOB: 10/5/11 — 7. SEX: M ☐ F ☐ — 8. RACE: W ☐ N [X] O ☐ — 9. AOD: 1/2/69 — 10. AGE AT AOD: 55

11. CLAIM FOR: FREEZE ☐ DIB ☐ CHILD ☐ DWB [X]

12. FAMILY STATUS: MAR ☐ SG ☐ — NO. CHILDREN (UNDER 18):

13. QC REQ. LAST MET: ☐ SI

14. ☐ W/E DOES NOT MEET 20/40 REQ. A. ☐ DIS. BCI REVIEW B. ☐ SINCE LAST DET.

15. PREV. DENIED OR TERM. ☐

16. NON-DIS. DEV. IN PROGRESS ☐

17. MED. DEV. DEF. ☐

18. S A CODE: 330

19. STATE: New York

20. DISTRICT OFFICE ADDRESS: 120 W. Mohawk Street, Buffalo, NY 14202

DO CODE: 103

RO CODE: 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL

21. CLAIMS REPRESENTATIVE

22. DATE OF TRANSMITTAL

23. REMARKS: RECD IN S/A 6/25/70

PRESCRIBED PERIOD

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. ☐ HAS BEEN UNDER A DISAB. SINCE

25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO

26. ☐ WAS NOT UNDER A DISAB. ON OR BEFORE (Date)

27. [X] WAS NOT UNDER A DISAB.

28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i): A ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP. B ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE

29. DIAGNOSIS: Degenerative Arthritis left knee

29 MED. CODE: 6

31. VOCATIONAL BACKGROUND (Usual occ.): N/A

OCC. LEARNS: N/A

ED. DEVELOPMENT: N/A

32. BASIS FOR DETERMINATION: DDDD

☐ CONTINUED ON ATTACHED SHEET (Use OA-0234)

33. RECOMMEND RE-EXAM ON (Date): — 34. DISABILITY EXAMINER'S S: D. Freeman — 10/15/70 — 35. REVIEWING PHYSICIAN'S S: [illegible] — 37. DATE: 10/15/70

TO BE COMPLETED BY SSA

38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.

39. ☐ W/E MEETS 20/40 TEST ON _____ QTR. ☐ W/E DOES NOT MEET 20/40 TEST, HAS ____ OF 40 QTRS. ENDING WITH

40. ☐ DISABILITY IS ESTABLISHED FROM _____ TO _____ [X] NOT ESTABLISHED.

41. REMARKS: This denies 831 dated 1/15/70

42. RE-EXAM REQ. — 43. DISABILITY EXAMINER — 44. DATE — 45. [illegible] — 46. [illegible]

CLAIMANT TO BE NOTIFIED BY: 47. [X] SSO ☐ SSR — 48. STATUS NO.: D.L. — 49. [illegible] — 50. DAYS CODE: C — 51. CASE CODE: D-3 — 52. [illegible]: 10-Y1 — 53. [illegible]: DIB [X] CH ☐ — 54. [illegible]: [X] FA ☐ — 55. [illegible]: ☐ — 56. [illegible]

FORM OA-0231 (5-68)

1-FOLDER COPY

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CONTINUATION SHEET 140
FOR DISABILITY DETERMINATION IF:eam RCH-3

NOTE.—Use this form only when necessary for continuation of item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER (IF AUXILIARY FILING)	SOCIAL SECURITY NUMBER	DATE
Idoyna Key	Eddie Key (Deceased)	236-10-4467	10/15/70

The statement of evidence in the determination of 1/15/70, except as modified herein, is hereby incorporated by reference, but not the inferences, findings or conclusion thereon.

The claimant has requested reconsideration of a claim for disability benefits which was denied, stating that her impairment is not of sufficient severity to warrant an allowance as a disabled widow.

In order to evaluate the claimant's condition, a consultative orthopedic examination was held on 9/11/70. The claimant complained of arthritis of the left knee and bursitis and arthritis of her right shoulder. The claimant has a full range of motion of both shoulders and her spine. She has a full range of motion of her left knee. There is some effusion in the left knee. There is no neurologic involvement in either extremity and there is no atrophy. X-ray of the right shoulder shows mild sclerotic changes over the greater tuberosity of her right humerus, which is very minimal in nature. There are degenerative arthritic changes in the left knee. There are small osteochondromatous loose bodies in the left knee. The claimant has a full range of motion of her spine. She has degenerative arthritis which is commensurate with her age, 59. The claimant should avoid heavy lifting or prolonged periods of standing, however, she is considered able to do light bench work and stand for periods of under two hours, sit for an unlimited period of time and lift objects up to 20 pounds.

A consultative psychological evaluation was also held in order to evaluate the claimant's mental status. She attained a full scale I.Q. of 90. The claimant was able to drive her own car to the examination, was well dressed and well mannered. She is functioning at a low average level of intelligence, and her performance showed a fairly even distribution on the subtests. The results of clinical tests gave evidence of no greater decline of abilities or deterioration than the changes that might be expected for a person of her age and her cultural background. She was found quite capable to reason and to think and adept emotionally. Her memory and ability to make the usual and customary judgments were good and only her verbal communication was somewhat slow. She demonstrated a good capacity for self-sufficiency.

Evidence in file fails to substantiate the presence of an impairment of sufficient severity to warrant an allowance as a disabled widow. The claimant is suffering from degenerative arthritis of the left knee, however, this does not render her unable to engage in work activity. Regarding her mental status, her I.Q. is within normal limits and showed a fairly even distribution over the subtests. There is no evidence of any organic brain damage.

This claim for disabled widow's benefits is therefore denied. The physician

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

1.11

NOTE.--Use this form only when necessary for continuation of item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER (IF AUXILIARY FILING)	SOCIAL SECURITY NUMBER	DATE
Idopha Key	Eddie Key (Deceased)	236-10-4467	10/15/70

whose signature appears on this determination, having considered all the medical evidence, concludes that the claimant's impairments do not meet or equal the level of severity described in the Listing of Impairments, Appendix to Sub Part P of Regulations Number 4.

This revises the findings of the determination of 1/15/70.

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COUNTY OF ERIE
HEALTH DEPARTMENT
601 CITY HALL
BUFFALO, N. Y. 14202

WILLIAM E. MOSHER, M. D.
COMMISSIONER

DAVID E. BARRY, P. E.
DEPUTY COMMISSIONER

February 17, 1971

Mr. Aaron Goldforb
Legal Aid Bureau of Buffalo, Inc.
Walbridge Building
43 Court Street
Buffalo, New York 14202

Re: Idotha Key
236 Cedar Street
Buffalo, New York

B. D. 10/5/11
Chart # 306035

Dear Mr. Goldforb:

The above named patient first came to our attention 10/17/68. She was self-referred and gave no history of exposure to pulmonary tuberculosis. She did mention that she had some bronchial asthma and that she had an occasional cough with occasional dyspnea following asthmatic attacks. The x-ray examinatic.. showed the parenchyma of both lungs to be clear. The heart was within normal limits. A tuberculin skin test done on her at that time was reported as negative. The diagnosis at that time was essentially negative chest.

She was re-examined 11/14/69 and an x-ray at that time showed no marked or essential change as compared with the previous x-ray taken. The diagnosis was again essentially negative chest.

She was next seen 10/13/70 and an x-ray taken at that time again showed no marked or essential change as compared with the previous x-ray of 11/14/69. A skin test, however, was repeated at the time and showed a definite 25 mm. positive reaction. Because of this, the examiner suggested that the patient be placed on prophylactic chemotherapy and with Dr. Stein's permission, drug therapy was started 11/17/70. This consisted of 12 gm. of PAS and 300 mgm. of INH with B-6 daily.

CASE NO. 350
EXHIBIT NO. 350

- Continued -

On December 14, 1970, the patient stated that she showed gastric intolerance to the PAS medication and this was discontinued at the time of her visit 12/15/70. However, she was to continue with her INH therapy. An x-ray examination of 12/15/70, likewise, showed no change as compared with previous x-rays taken.

She was last seen in the clinic 2/1/71 at which time she stated that she had occasional chest pains, occasional non-productive cough and occasional shortness of breath during an attack of asthma. An x-ray examination showed no marked or essential change as compared with previous x-rays. Both lungs appeared to be clear. The heart was within normal limits.

Diagnosis: Primary complex, inactive, under therapy.

She is to be re-examined 5/3/71.

Very truly yours,

A. Arthur Grabau, M.D. Director
Division of Tuberculosis Control

Theodore F. Ciesla, M.D.
Assistant Director

TFC/bn

1. Physician's Name CIESLA, Theodore F.
(Last) (First) (Middle)

2. Address 661 Best St.
Buffalo, New York 14211

3. AMA Membership: ☒ Yes ☐ No

4. Year of Birth (B): 1903

5. Medical Education (ME): State: New York

School: State University of N.Y. at Buffalo School of Medicin

Year of Degree: 1931

6. Year of License (L): 1931

7. National Board (NB): ☐ Yes ☐ No

Year:

8. American Specialty Boards (AB):

9. Medical Specialties: Pulmonary Diseases (sub-specialty of internal medicine)
Internal Medicine

10. Type of Practice (TOP): Full time general practice

11. National Scientific Medical Societies: (SS) American College of Chest Physicians

12. Professorial Appointments (PA): State:

School:

13. Other Information:

14. Sources of Information: American Medical Directory
Edition: 25th Page: 2073
1969

Other Sources:

BENJAMIN E. OBLETZ, M.D.
BERTRAM G. KWASMAN, M.D.
JAMES M. COLE, M.D.
IRVING STERMAN, M.D.

SUITE 805
50 HIGH STREET
BUFFALO, NEW YORK 14203

ORTHOPAEDIC SURGERY

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February 18, 1971

RE: KEY, Idotha M.

Onset: 30 Years

Mr. Aaron Goldfarb
Legal Aid Bureau
Walbrige Building
Buffalo, New York 14203

Dear Mr. Goldfarb:

I first saw Mrs. Key in my office on March 31, 1967 at the request of her personal physician Dr. Alfred Stein and diagnosed her as having some degenerative arthritis of the left knee, as well as, chronic low back pain with sciatica.

She was treated for this problem and made a symptomatic improvement.

She was next seen in the office on July 1, 1970 at which time I diagnosed degenerative arthritis of both knees and again a flare-up of her chronic low back pain.

Currently I am treating her for an acute flare-up of her low back problem and giving her physiotherapy.

In summary, this patient has degenerative arthritis of her knees and chronic low back pain which I feel is on the basis of degenerative arthritis as well.

Very truly yours,

BERTRAM G. KWASMAN, M. D.

BGK/cs

Dictated, not read.

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BUFFALO MEDICAL GROUP

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BUSINESS MANAGER
MRS. HOWARD C. SCHELLENBERG

85 HIGH STREET
BUFFALO, N.Y. 14203
(716) 886-3400

February 18, 1971

Mr. Aaron Goldfarb, Attorney
Department of Social Welfare
210 Pearl St.
Buffalo, N.Y.

Re: Mrs. Idotha Key
236 Cedar St.
Buffalo, N. Y.

INTERIM REPORT

Mrs. Idotha Key was seen on September 26, 1969. At that time she weighed 135 pounds. She described some chest pains but noted some improvement in her knee and hip joints. Again she was given a prescription for Indocin and advised to return in approximately ten weeks. She had lost six pounds and was advised to continue this type of weight reduction program.

Mrs. Key was seen on December 12, 1969. She was previously seen in the Erie County Health Department Clinic in City Hall on October 13, 1969. At that time they noted a conversion in her tuberculin reaction and suggested that she probably had a primary infection with tuberculosis the activity of which was undetermined but probably inactive. In view of the conversion in the tuberculin reaction at that time they felt that she would be a candidate for chemotherapy in the form of isoniamid, 300 mg., pyridoxine, 30 mg., and PAS, 12 mg., daily for a period of at least 12 months. I concurred with this therapy and it was begun. When Mrs. Key was seen again in my office on December 12, 1969, she complained bitterly of pain in both knees and she was continued on Indocin, buffered aspirin and Valium, 5 mg. b.i.d.

Her next visit was on February 27, 1970, at which time she continued to note knee and hip pain. The same prescriptions were continued.

On May 13, 1970, she noted pain and swelling in both knees. On physical examination the left knee was quite swollen and a left knee effusion was noted. Her prescriptions were continued.

On June 26, 1970, again the left knee effusion was quite prominent. The left knee was aspirated, and she was advised to use Butanolidin alka, [illegible] mg., q.i.d. for approximately one week, and she was advised to seek a return appointment with Dr. Bertram Kwasman.

On July 30, 1970, Mrs. Key was again seen. At this time her left knee and left hip were quite painful. Again her physical findings were unchanged except that the effusion in her left knee was now decreased. She continued on Indocin and she was told to return in approximately 8 weeks.

On September 24, 1970, she was seen and stated that her knees were somewhat better. She had seen Dr. Bertola on September 11, 1970, at which time she had an orthopedic examination.

On December 4, 1970, she complained of pain in the right hip. Her prescriptions were

continued. She was still being maintained on her antituberculous therapy.

Mrs. Key was last seen on February 4, 1971, at which time she complained of pain in her right hip and she stated she saw Dr. Kwasman recently, and there was no change in her therapy or physical findings.

Signed: _____
Alfred M. Stein, M.D.

AMS:gfr



Certificate No. _____ Year _____ Page _____

Date Filed October 22, 1942

Before me appeared _____ who states that _____ is _____ of the person named below who was born _____ at _____ and that the facts hereinafter set forth are furnished to the Alabama Bureau of Vital Statistics to implement and complete the birth record.

The Record Shows		The Facts Are
Name	Child's Full Original Name	[illegible]
Sex	Sex of Child	F
October 13, 1941	Date of Birth	[illegible] 1941
[illegible] Ala.	Place of Birth	
[illegible]	Father's Name	
Black	Color or Race of Father	
[illegible]	Mother's Maiden Name	[illegible]
[illegible]	Color or Race of Mother	[illegible]

The above information is submitted for the purpose of correcting and/or completing the above identified record. I hereby swear that the above statements are true and correct.

Subscribed and sworn to before me this _____ day of _____ 19__

Affiant's Signature _____

Local Address _____

_____ Notary Public

(It is not necessary to write below this line)

This delayed birth record is made a part of the record concerned without determination of the _____ day of _____ 19__

_____ Registrar of Vital Statistics

By _____

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199 Pages

[illegible]